

Form 1040		U.S. Individual Income Tax Return		2006																								
Department of the Treasury - Internal Revenue Service For the year Jan. 1-Dec. 31, 2006, or other tax year beginning _____, 2006, ending _____, 2006 OMB No. 1545-0047																												
Label (See instructions on page 15.) Use the IRS label. Otherwise, please print or type.	L A B E L	Your first name and initial SHAWN R	Last name PRYOR	Your social security number _____																								
		If a joint return, include a first name and initial _____	Last name _____	Spouse's social security number _____																								
		Home address (number and street). If you have a P.O. box, see page 16. 35 ASPEN COURT		Apt. no. _____																								
		City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. CINCINNATI OH 45246		You must enter your SSN(s) above.																								
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) <input type="checkbox"/> You <input type="checkbox"/> Spouse																												
Filing Status Check only one box.	1	<input checked="" type="checkbox"/> Single																										
	2	<input type="checkbox"/> Married filing jointly (even if only one had income)																										
	3	<input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.																										
	4	<input type="checkbox"/> Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.																										
	5	<input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)																										
Exemptions If more than four dependents, see page 19.	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.		Boxes checked on 6a and 6b: 1																									
	b <input type="checkbox"/> Spouse		No. of children on 6a who:																									
	c Dependents:		(b) Check if qualifying child for child tax credit (see pg 19)																									
	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) Check if qualifying child for child tax credit (see pg 19)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg 19)																					Dependents on 6c not entered above
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg 19)																								
d Total number of exemptions claimed		1																										
Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see page 23. Enclose, but do not attach, any payment. Also, please use Form 1040-V.	7	Wages, salaries, tips, etc. Attach Form(s) W-2		44,485																								
	8a	Taxable interest. Attach Schedule B if required																										
	8b	Tax-exempt interest. Do not include on line 8a																										
	9a	Ordinary dividends. Attach Schedule B if required																										
	9b	Qualified dividends (see page 20)																										
	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 24)																										
	11	Alimony received																										
	12	Business income or (loss). Attach Schedule C or C-EZ																										
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here																										
	14	Other gains or (losses). Attach Form 4797																										
	15a	IRA distributions	15a	b Taxable amount (see page 25)																								
	16a	Pensions and annuities	16a	b Taxable amount (see page 26)																								
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E																										
	18	Farm income or (loss). Attach Schedule F																										
	19	Unemployment compensation																										
20a	Social security benefits	20a	b Taxable amount (see page 27)																									
21	Other income																											
22	Add the amounts in the far right column for lines 7 through 21. This is your total income		44,485																									
Adjusted Gross Income	23	Archer MSA deduction. Attach Form 8853																										
	24	Certain business expenses of reservists, performing artists, and fee-based government officials. Attach Form 2106 or 2106-EZ																										
	25	Health savings account deduction. Attach Form 8889																										
	26	Moving expenses. Attach Form 5903																										
	27	One-half of self-employment tax. Attach Schedule SE																										
	28	Self-employed (SEP, SIMPLE, and qualified plans)																										
	29	Self-employed health insurance deduction (see page 28)																										
	30	Penalty on early withdrawal of savings																										
	31a	Alimony paid b Recipient's SSN																										
	32	IRA deduction (see page 31)																										
	33	Student loan interest deduction (see page 33)																										
	34	Jury duty pay you gave to your employer																										
	35	Domestic production activities deduction. Attach Form 8803																										
	36	Add lines 23 through 31a and 32 through 35		2,114																								
	37	Subtract line 36 from line 22. This is your adjusted gross income		42,371																								

Form 1040 (2006) SHAWN R. PRYOR

Page 2

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	42,371
	39a	Check <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 34 & check here <input type="checkbox"/> 39b		
Standard Deduction for:	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5,150
• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34.	41	Subtract line 40 from line 38	41	37,221
• All others:	42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 38. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	3,300
Single or Married filing separately. \$5,150	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	33,921
Married filing jointly or Qualifying widower. \$10,300	44	Tax (see page 35). Check if any tax is from: a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4372	44	5,039
Head of household. \$7,550	45	Alternative minimum tax (see page 39). Attach Form 6251	45	
	46	Add lines 44 and 45	46	5,039
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Credit for the elderly or the disabled. Attach Schedule R	49	
	50	Education credits. Attach Form 8863	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Child tax credit (see page 42). Attach Form 8801 if required	53	
	54	Credits from: a <input type="checkbox"/> Form 8808 b <input type="checkbox"/> Form 9419 c <input type="checkbox"/> Form 8859	54	
	55	Other credits. a <input type="checkbox"/> Form 3820 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
	56	Add lines 47 through 55. These are your total credits	56	
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	5,039
Other Taxes	58	Self-employment tax. Attach Schedule SE	58	
	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
	61	Advance earned income credit payments from Form(s) W-2, box 9	61	
	62	Household employment taxes. Attach Schedule H	62	
	63	Add lines 57 through 62. This is your total tax	63	5,039
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	6,315
	65	2006 estimated tax payments and amount received from 2006 return	65	
	66a	Earned income credit (EIC)	66a	
	b	Nonrefundable combat pay election <input type="checkbox"/> 66b		
	67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67	
	68	Additional child tax credit. Attach Form 8812	68	
	69	Amount paid with request for extension to file (see page 60)	69	
	70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8864	70	
	71	Credit for federal telephone excise tax paid. Attach Form 6913 if required	71	30
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	6,345
	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	1,306
Refund	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	1,306
Direct deposit? See page 6* and fill in 74b, 74c, and 74d, or Form 8888.	b	Routing number <input type="text"/> c Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text"/>		
	75	Amount of line 73 you want applied to your 2007 estimated tax	75	
Amount You Owe	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	76	
	77	Estimated tax penalty (see page 62)	77	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see page 63)? <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
	Designee's name	Phone no.	Personal identification number (PIN)	
	JOAN E HUDSON	513-988-9609	1 2 3 4 5	
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See page 17. Keep a copy for your records.	Your signature	Date	Your occupation	Daytime phone number
	67798	01-29-2007		
	Spouse's signature (if a joint return, both must sign)	Date	Spouse's occupation	
				513-313-7612
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
		01-29-2007		P00425736
	Firm's name (or your e-mail address, and ZIP code)	City	State	Phone no.
	HUDSON TAX SERVICE	Trenton	OH	513-988-9609
	4 POTTER STREET			

CONFIDENTIAL

Form **8879****IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

- Do not send to the IRS. This is not a tax return.
► Keep this form for your records. See instructions.

2006Declaration Control Number (DCN) **00-313795-003157**

Taxpayer's name

SHAWN R PRYOR

Social security number

Spouse's name

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2006 (Whole Dollars Only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	42,371
2 Total tax (Form 1040, line 63; Form 1040A, line 37; Form 1040EZ, line 11)	2	5,039
3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 38; Form 1040EZ, line 7)	3	6,315
4 Refund (Form 1040, line 74a; Form 1040A, line 45a; Form 1040EZ, line 12a; Form 1040EZ-T, line 1a)	4	1,306
5 Amount you owe (Form 1040, line 76; Form 1040A, line 47; Form 1040EZ, line 13)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return or request for refund and accompanying schedules and statements for the tax year ending December 31, 2006, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return or request for refund. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return or request to the IRS and to receive from the IRS: (a) an acknowledgment of receipt or rejection for rejection of the transmission; (b) an indication of any refund offset; (c) the reason for any delay in processing the return or refund; and (d) the date of any refund, if applicable. I authorize the U.S. Treasury and its designated Financial Agent to release an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparer's software for payment of my Federal taxes owed on this return and for a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate this authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-326-4537 no later than 2 business days prior to the payment (payment date). I also authorize the financial institutions involved in the processing of the electronic payment of taxes to become confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return or request for refund and, if applicable, my Electronic Funds Withdrawal Canceled.

Taxpayer's PIN: check one box only

RTN=

Acct=

☒ I authorize **HUDSON TAX SERVICE** to enter or generate my PIN

ERO firm name

do not enter all zeros

as my signature on my tax year 2006 electronically filed income tax return or request for refund

☐ I will enter my PIN as my signature on my tax year 2006 electronically filed income tax return or request for refund. Check this box only if you are entering your own PIN and your return or request is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► Date ► **01-29-2007****Spouse's PIN: check one box only**☐ I authorize _____ to enter or generate my PIN

ERO firm name

do not enter all zeros

as my signature on my tax year 2006 electronically filed income tax return or request for refund

☐ I will enter my PIN as my signature on my tax year 2006 electronically filed income tax return or request for refund. Check this box only if you are entering your own PIN and your return or request is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► Date ►

Practitioner PIN Method Returns Only - continue below**Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIM/PIN. Enter your six-digit EFIM followed by your five-digit self-selected PIN.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2006 electronically filed income tax return or request for refund for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized e-file Providers of Individual Income Tax Returns.

ERO's signature ► Date ► **01-29-2007**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

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Ohio Department of
TAXATIONPlease do not
use staples.

06000167

2006**IT 1040** Rev. 10/06**Individual Income Tax Return**

Your Social Security # (required)		Spouse's Social Security # (only if joint return)		For the year Jan. 1-Dec. 31, 2006 or other taxable year beginning	
Check if deceased		Check if deceased		Jan. 1, 2006	
Please use only UPPERCASE letters.					
Your first name		M.I.	Last name		
SHAWN		R	PRYOR		
Spouse's first name (only if joint return)		M.I.	Last name		
Home address (number and street): 35 ASPEN COURT					
City		State	ZIP code	Ohio county (first four letters)	
CINCINNATI		OH	45246	HAMI	
Foreign country				Foreign postal code	
In care of executor's name (must indicate if refund will be issued in decedent's name)					

Ohio Residency Status (see instructions on page 9)
☒ Resident ☐ Nonresident State abbreviation
Part-year
resident from:**CONFIDENTIAL****Filing Status - Check one** (name as reported on federal income tax return)
☒ Single or head of household
or qualifying widow(er)
☐ Married filing jointly
☐ Married filing separately -
enter spouse's SSN

Please do not use staples.
Place your W-2, check and IT 40P on top of your return.
Place any other supporting documents or statements
after the last page of your return.

Go paperless. It's FREE!
Try I-File.
tax.ohio.gov

**File electronically and receive your
refund in 5-7 days by direct deposit!**

Ohio Political Party Fund

Yes No

Do you want \$1 to go to this fund?

If joint return, does your spouse want \$1 to go to this fund?

Note: Checking "Yes" will not increase your tax or decrease your refund.

Ohio Public School District Number

(see pages 35-39)

3116

INCOME INFORMATION

1. Federal adjusted gross income (from federal forms 1040, line 37; or 1040A, line 21; or 1040EZ, line 4)	1.	42 371 00
2. Ohio adjustments. Amount from line 48 on page 3	2.	00
3. Ohio adjusted gross income (line 2 added to or subtracted from line 1)	3.	42 371 00
4. Multiply your personal and dependent exemptions 1 times \$1,400 and enter the result here	4.	1 400 00
5. Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4)	5.	40 971 00

SIGN HERE (required)

Continue to IT 1040 - pg. 2

I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

For Departmental Use Only

01-29-07	Date
5133137612	Phone number
5139889609	Phone number

Code

NO Payment Enclosed - Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Payment Enclosed - Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057

Ohio Department of
TAXATIONPlease do not
use staples.

06000267

2006

IT 1040 May 1006

Individual Income Tax Return

TAX AND CREDITS		Social Security no.
6. Tax on line 5 (see tax tables pages 28-34)	6.	1 271 00
7. Credits from Schedule B (from line 58 on page 4 of form IT 1040)	7.	00
8. Ohio tax less Schedule B credits. (Subtract line 7 from line 6. If line 7 is more than line 6, enter -0-)	8.	1 271 00
9. Exemption credit: Number of your personal and dependent exemptions 1 times \$20	9.	20 00
10. Ohio tax less exemption credit. (Subtract line 9 from line 8. If line 9 is more than line 8, enter -0-)	10.	1 251 00
11. Joint filing credit (see instructions on page 14 and include documentation) % times line 10 (limit \$680)	11.	00
12. Ohio tax less joint filing credit. (Subtract line 11 from line 10. If line 11 is more than line 10, enter -0-)	12.	1 251 00
13. Resident/nonresident/part-year credits (Sch. C or D) and nonrefundable business credits (Sch. E)	13.	00
14. Ohio income tax before manufacturing equipment grant. (Subtract line 13 from line 12. If line 13 is more than line 12, enter -0-)	14.	1 251 00
15. Manufacturing equipment grant. You must include the grant request form	15.	00
16. Ohio income tax. (Subtract line 15 from line 14. If line 15 is more than line 14, enter -0-)	16.	1 251 00
17. Interest penalty on underpayment of estimated tax: Check if form IT 2210-1040 is included	17.	00
18. Unpaid Ohio use tax (see worksheet on page 27) The amount you show on this line is part of your total income tax liability for this year.	18.	00
19. Total Ohio tax (add lines 16, 17 and 18)	19.	1 251 00
PAYMENTS		
20. Ohio Tax Withheld (box 17 on your W-2). Include W-2s on front of return	AMOUNT WITHHELD ▶ 20.	1 525 00
21. 2005 overpayment credited to 2006, Ohio 2006 estimated tax and 2006 IT 40P payments	21.	00
22. a. Refundable business jobs credit Must include certificate(s) Total of lines 22a and 22b	b. Refundable pass-through entity credit Must include K-1(s)	00
23. Add lines 20, 21 and 22	TOTAL PAYMENTS ▶ 23	1 525 00
REFUND OR AMOUNT YOU OWE		
24. Amount You Owe (if line 23 is less than line 19, subtract line 23 from line 19). Check here and enclose form IT 40P (see page 41) with the front of return if you are enclosing a payment (payable to Ohio Treasurer of State) Check here if you have paid or will pay with an electronic check or credit card (see page 41)	AMOUNT YOU OWE ▶ 24.	00
25. If line 23 is GREATER than line 19, subtract line 19 from line 23	AMOUNT OVERPAID ▶ 25.	274 00
26. Amount of line 25 to be credited to 2007-estimated income tax liability	CREDIT ▶ 26	00
27. Amount of line 25 that you wish to donate to the Military Injury Relief Fund	27.	00
28. Amount of line 25 that you wish to donate for Ohio's wildlife species and conservation of endangered wildlife	28.	00
29. Amount of line 25 that you wish to donate for nature preserves, scenic rivers and protection of endangered species	29.	00
30. Amount of line 25 to be refunded (subtract amounts on lines 26, 27, 28 and 29 from line 25)	YOUR REFUND ▶ 30.	274 00

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If the amount you owe is less than \$1.01, payment need not be made. If your refund is less than \$1.01, no refund will be issued.

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2006 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2020 pay stub plus any adjustments submitted by your employer:

Grass Pay	6302.00	Social Security Tax Withheld Box 4 of W-2	372.00	OH State Income Tax Box 17 of W-2	204.21
Fed Income Tax Withheld Box 2 of W-2	298.26	Medicare Tax Withheld Box 6 of W-2	87.00	Legal Income Tax Box 19 of W-2	50.00
				SAUCEN Box 14 of W-2	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement:

Wages, Tips, other Compensation Box 1 of W-2	OH, State Wages, Tips, Ftc. Box 16 of W-2	BLUE ASH Local Wages, Tips, Ftc. Box 18 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
6,000.00	6,000.00	6,000.00	6,000.00	6,000.00
6,000.00	6,000.00	6,000.00	6,000.00	6,000.00

3. **Employee W-4 Profile.** To change your Employee W-4 profile information, file a new W-4 with your payroll dept

SHAWN A PRYOR
35 ASPEN CT.
CINCINNATI, OH 45246

Social Security Number:
 Taxable Marital Status: SINGLE
 Exemptions: 1
 FEDERAL: 1
 STATE: 1
 LOCAL: 1

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Send, accurate, fast! Use 2-116 at 1-800-875-5273.		Visit the IRS Web Site www.irs.gov	
Employee Reference Copy		2006	
W-2 Wage and Tax Statement		Copy No. 1445-0000	
State (or foreign) employer's federal tax identification number	Dept.	Corp.	Employer use only
0017 67-SLR			30
Employer's name, address, and ZIP code: ENGRO CORPORATION 4460 LAKE FOREST DRIVE SUITE 212 CINCINNATI, OH 45242			
Batch #00114			
Employer's name, address, and ZIP code: SHAWN R PRYOR 35 ASPEN CT. CINCINNATI, OH 45246			
1 Employer's FED ID number 05-0540975	2 Employer's SSA number		
3 Social security wages 6000.00	4 Social security tax withheld 372.00		
5 Medicare wages and tips 6000.00	6 Medicare tax withheld 87.00		
7 Social security tips	8 Alternative tips		
9 Advance EIC payment	10 Dependent care benefits		
11 Nonqualified plans	12a Tax instructions for line 12		
13 Other	14a		
	14b		
	14c		
15 State (Employer's state ID no.) OH 52-0605968	16 State wages, tips, etc. 6000.00		
17 State income tax 206.21	18 Local wages, tips, etc. 6000.00		
19 Local income tax 60.00	20 Local income tax BLUE ASH		

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2006 pay stub plus any adjustments submitted by your employer.

Gross Pay	SSO2: 00	Social Security Tax Withheld Box 4 of W-2	372.00	OH, State Income Tax Box 17 of W-2	204.21
Fed. Income Tax Withheld Box 2 of W-2	098.26	Medicare Tax Withheld Box 6 of W-2	87.00	Local Income Tax Box 19 of W-2	50.00
				SALES Tax Box 14 of W-2	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement:

Gross Pay	Wages, Tips, other Compensation Box 1 of W-2	OH, State Wages, Tips, Etc. Box 16 of W-2	BLUE ASH Local Wages, Tips, Etc. Box 18 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Reported W-2 Wages	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

SHAWN A PRYOR
35 ASPEN CT.
CINCINNATI, OH 45246

Social Security Number: _____
 Taxable Marital Status: SINGLE
 Exemptions: Allowances: _____
 FEDERAL: 1
 STATE: 1
 LOCAL: 1

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Safe, Accurate, FAST! Use

Employee Reference Copy

Wage and Tax Statement

2006

Use the IRS Web Site at www.irs.gov/efile.

OMB No. 1545-0047

Employee's name, address, and ZIP code RWD TECHNOLOGIES, INC. 5521 RESEARCH PARK DRIVE BALTIMORE, MD 21228		Dept. ST75	Class. 726	Employee's name SHAWN PRYOR
Employee's name, address, and ZIP code SHAWN PRYOR 7807 JOHN ADAMS LN DAYTON, OH 45459-0900				
1 Employer's EIN ID number 62-1832726	2 Employer's SSN number 5417.35			
3 Wages, tips, other comp. 36485.01	4 Federal income tax withheld 5417.35			
5 Social security wages 40660.95	6 Social security tax withheld 2520.98			
7 Medicare wages and tips 40660.95	8 Medicare tax withheld \$89.58			
9 Social security tips Social security tips	10 Alternative tips Alternative tips			
11 Dependent care benefits Dependent care benefits	12 Dependent care expenses for tax 73.44			
13 Health plan Health plan	14 Other Other			
15 Other Other	16 Other Other			
17 Other Other	18 Other Other			
19 Other Other	20 Other Other			
21 Other Other	22 Other Other			
23 Other Other	24 Other Other			
25 Other Other	26 Other Other			
27 Other Other	28 Other Other			
29 Other Other	30 Other Other			
31 Other Other	32 Other Other			
33 Other Other	34 Other Other			
35 Other Other	36 Other Other			
37 Other Other	38 Other Other			
39 Other Other	40 Other Other			
41 Other Other	42 Other Other			
43 Other Other	44 Other Other			
45 Other Other	46 Other Other			
47 Other Other	48 Other Other			
49 Other Other	50 Other Other			
51 Other Other	52 Other Other			
53 Other Other	54 Other Other			
55 Other Other	56 Other Other			
57 Other Other	58 Other Other			
59 Other Other	60 Other Other			
61 Other Other	62 Other Other			
63 Other Other	64 Other Other			
65 Other Other	66 Other Other			
67 Other Other	68 Other Other			
69 Other Other	70 Other Other			
71 Other Other	72 Other Other			
73 Other Other	74 Other Other			
75 Other Other	76 Other Other			
77 Other Other	78 Other Other			
79 Other Other	80 Other Other			
81 Other Other	82 Other Other			
83 Other Other	84 Other Other			
85 Other Other	86 Other Other			
87 Other Other	88 Other Other			
89 Other Other	90 Other Other			
91 Other Other	92 Other Other			
93 Other Other	94 Other Other			
95 Other Other	96 Other Other			
97 Other Other	98 Other Other			
99 Other Other	100 Other Other			

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2006 W-2 and EARNINGS SUMMARY

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	38,485.01	SOCIAL SECURITY	2,520.98
		TAX WITHHELD	

GRANDS PAY	38,485.91	SOCIAL SECURITY TAX WITHHELD	2,520.98
FED. INCOME TAX WITHHELD	5,417.35	BOX 04 OF W-2	
BOX 02 OF W-2		MEDICARE TAX WITHHELD	589.58
STATE INCOME TAX	1,370.57	BOX 06 OF W-2	
BOX 17 OF W-2		SUI/SOI	0.00
LOCAL INCOME TAX	0.09	BOX 14 OF W-2	
BOX 19 OF W-2			

To change your employee W-4 profile information, file a new W-4 with your payroll department.

SHAWN PRYOR
7607 JOHN ADAMS LN
DAYTON, OH 45459-0000

STANDARD SECURITY MARKING
THE NEW Thermal Sensitive
INKS
Extremely Low Ink Consumption

Federal: 1
 State: 0
 Local: 0

HUDSON TAX SERVICE
4 POTTER STREET
TRENTON, OH 45067
513 988-9609

2000

January 26, 2001

SHAWN R PRYOR
1101 YOUNG STREET
MIDDLETOWN, OH 45044

Your 2000 Federal tax return has been prepared and consists of the following forms:

1 1040	1 OH IT1040
1 1040 pg 2	1 OH Elec Fil
1 1040 Worksheet	1 IR CITY #1
1 Form 8453	1 IR SUP STMT

Summary of the 2000 Federal tax return:

Total income.....	15,612.00	
Total adjustments.....	113.00	
Adjusted Gross Income.....	15,499.00	
Standard deduction.....	4,400.00	
Total Federal Tax.....	1,241.00	
Marginal tax percentage rate.....	15.00	%
Total payments.....	1,476.00	
Amount Overpaid.....	235.00	
Amount of your Federal refund.....	235.00	

Summary of the Ohio State Tax return:

Total Ohio Individual Income Tax.....	205.00
Amount of your Ohio State refund.....	183.00

Summary of the MIDDLETOWN Tax return:

Total Income Tax.....	207.00
-----------------------	--------

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INVOICE

000158

HUDSON TAX SERVICE
4 POTTER STREET
TRENTON, OH 45067
513 988-9609

TAX YEAR 2000

January 26, 2001

SHAWN R PRYOR
1101 YOUNG STREET
MIDDLETOWN, OH 45044

Summary of forms prepared:

1 1040	50.00	1 OH IT1040	N/C
1 1040 pg 2	N/C	1 OH Elec Fil	N/C
1 1040 Worksheet	N/C	1 IR CITY #1	N/C
1 Form 8453	N/C	1 IR SUP STMT	N/C

TOTAL TAX PREPARATION FEE..... 50.00

AMOUNT DUE.....
=====

50.00

BALANCE IS DUE UPON RECEIPT.

THANK YOU!

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INVOICE

000158

HUDSON TAX SERVICE
4 POTTER STREET
TRENTON, OH 45067
513 988-9609

TAX YEAR 2000

January 26, 2001

SHAWN R PRYOR
1101 YOUNG STREET
MIDDLETOWN, OH 45044

Summary of forms prepared:

1 1040	50.00	1 OH IT1040	N/C
1 1040 pg 2	N/C	1 OH Elec Fil	N/C
1 1040 Worksheet	N/C	1 IR CITY #1	N/C
1 Form 8453	N/C	1 IR SUP STMT	N/C

TOTAL TAX PREPARATION FEE..... 50.00

AMOUNT DUE.....
=====

50.00

BALANCE IS DUE UPON RECEIPT.

THANK YOU!

CONFIDENTIAL

FILING INSTRUCTIONS

2000

SHAWN R PRYOR

Prepared by HUDSON TAX SERVICE
513 988-9609

Form 1040 U.S. Individual Income Tax Return
* Due Date: April 16, 2001
* Your tax return has been filed electronically.

Ohio State Income Tax Return: Form IT-1040
* Due Date: April 16, 2001
* Your Ohio State income tax return has been filed electronically.

MIDDLETOWN City Income Tax Return:
* Due Date 4/30/00
* Please sign and date your return.
* Mail your return to:
CITY OF MIDDLETOWN INCOME TAX DIVISION
PO BOX 8739 MIDDLETOWN, OH 45042

CONFIDENTIAL

PH-1040-01

Form 1040 U.S. Individual Income Tax Return 2000 For the year Jan. 1 - Dec. 31, 2000, or other tax year beginning 2000, ending 20		IRS Use Only - Do not write or stamp in this space. OMB No. 1545-0047																														
Label (See instructions on page 19.) Use the IRS label. Otherwise, please print or type.	Label HERE Your first name and initial: SHAWN R Last name: PRYOR If a joint return, spouse's first name and initial: Last name:		Your social security number																													
	Home address (number and street). If you have a P.O. box, see page 19. 1101 YOUNG STREET Apt. no.:		IMPORTANT! You must enter your SSN(s) above.																													
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 19. MIDDLETOWN, OH 45044																															
	Presidential Election Campaign (See page 19.) Note: Checking "yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? You <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No																															
Filing Status Check only one box	1 <input checked="" type="checkbox"/> Single																															
	2 <input type="checkbox"/> Married filing joint return (even if only one had income)																															
	3 <input type="checkbox"/> Married filing separate return. Enter spouse's SSN above and full name here.																															
	4 <input type="checkbox"/> Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter his or her name here.																															
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (your spouse died in 2000 or 2001). (See page 19.)																															
Exemptions If more than six dependents, see page 20.	6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.		No. of others checked on 6a and 6b: 1																													
	b <input type="checkbox"/> Spouse.																															
	c Dependents: <table border="1"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) If a qualifying child, see page 20a</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If a qualifying child, see page 20a																									
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If a qualifying child, see page 20a																												
d Total number of exemptions claimed		1																														
Income Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a W-2, see page 21. Enclose, but do not attach, any payment. Also, please use Form 1040-Y.	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	15,612.																													
	8a Taxable interest. Attach Schedule B if required	8a																														
	b Tax-exempt interest. Do not include on line 8a	8b																														
	9 Ordinary dividends. Attach Schedule B if required	9																														
	10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22)	10																														
	11 Alimony received	11																														
	12 Business income or (loss). Attach Schedule C or C-EZ	12																														
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here	13																														
	14 Other gains or (losses). Attach Form 4797	14																														
	15a Total IRA distributions	15a	b Taxable amount (see pg 23)	15b																												
16a Total pensions and annuities	16a	b Taxable amount (see pg 23)	16b																													
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17																															
18 Farm income or (loss). Attach Schedule F	18																															
19 Unemployment compensation	19																															
20a Social security benefits	20a	b Taxable amount (see pg 25)	20b																													
21 Other income. List type and amount (see page 25)	21																															
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	15,612.																														
Adjusted Gross Income	23 IRA deduction (see page 27)	23																														
	24 Student loan interest deduction (see page 27)	24	113.																													
	25 Medical savings account deduction. Attach Form 8853	25																														
	26 Moving expenses. Attach Form 3903	26																														
	27 One-half of self-employment tax. Attach Schedule SE	27																														
	28 Self-employed health insurance deduction (see page 20)	28																														
	29 Self-employed SEP, SIMPLE, and qualified plans	29																														
	30 Penalty on early withdrawal of savings	30																														
	31a Alimony paid b Recipient's SSN	31a																														
	32 Add lines 23 through 31a	32	113.																													
33 Subtract line 32 from line 22. This is your adjusted gross income	33	15,499.																														

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions

Form 1040 (2000)

FSA (2250-1)

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1040 (2000)

Form 1040 (2000) SHAWN R. PRYOR

Page 2

34 Amount from line 33 (adjusted gross income)		34	15,499.
Tax and Credits	35a Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here		35a 0
	b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 51 and check here		35b <input type="checkbox"/>
Standard Deduction for Most People Single, 21,400 Head of household, \$2,450 Married filing jointly or Qualifying widow(er), \$7,250 Married filing separately, \$3,625	36 Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see page 51 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent		36 4,400.
	37 Subtract line 36 from line 34		37 11,099.
	38 If line 34 is \$66,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$66,700, see the worksheet on page 32 for the amount to enter		38 2,800.
	39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-		39 8,299.
	40 Tax (see pg 32). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972		40 1,241.
	41 Alternative minimum tax. Attach Form 6251		41 0.
	42 Add lines 40 and 41		42 1,241.
	43 Foreign tax credit. Attach Form 1116 if required		43
	44 Credit for child and dependent care expenses. Attach Form 2441		44
	45 Credit for the elderly or the disabled. Attach Schedule R		45
46 Education credits. Attach Form 8863		46	
47 Child tax credit (see page 35)		47	
48 Adoption credit. Attach Form 8839		48	
49 Other. Check if from: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)		49	
50 Add lines 43 through 49. These are your total credits		50 0.	
51 Subtract line 50 from line 42. If line 50 is more than line 42, enter -0-		51 1,241.	
Other Taxes	52 Self-employment tax. Attach Schedule SE		52
	53 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		53
	54 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required		54
	55 Advanced earned income credit payments from Form(s) W-2		55
	56 Household employment taxes. Attach Schedule H		56
57 Add lines 51 through 56. This is your total tax		57 1,241.	
Payments	58 Federal income tax withheld from Forms W-2 and 1099		58 1,476.
	59 2000 estimated tax payments and amount applied from 1999 return		59
	60a Earned income credit (EIC)		60a
	b Nontaxable earned income, amount and type		
	61 Excess social security and RRTA tax withheld (see page 50)		61
	62 Additional child tax credit. Attach Form 8812		62
	63 Amount paid with request for extension to file (see page 50)		63
	64 Other payments. Check if from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136		64
	65 Add lines 58, 59, 60a, and 61 through 64. These are your total payments		65 1,476.
	66 If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid		66 235.
Refund	67a Amount of line 66 you want refunded to you		67a 235.
	b Routing number		
	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number			
68 Amount of line 66 you want applied to your 2001 estimated tax		68	
Amount You Owe	69 If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe. For details on how to pay, see page 51		69
	70 Estimated tax penalty. Also include on line 69		70
Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature		Date	Your occupation
Date		Signature of preparer (other than taxpayer)	Daytime phone number
Add the IRS discuss this return with the preparer shown below?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Preparer's signature		Date	Check if self-employed <input type="checkbox"/>
Preparer's SSN or PTIN		312-76-3162	
Preparer's name for you		HUDSON TAX SERVICE	
If self-employed, address and ZIP code		4 POTTER STREET	
TRENTON, OH 45067		Phone no. 513 988-9609	

PSA (2/99)

Copyright Form Schedule Only. Duplex Systems, Inc.

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IT-1040 OHIO Income Tax Return

2000

For the year Jan. 1-Dec. 31, 2000 or other taxable year ending

Social Security Numbers must be filled-in below.

Year first name SHAWN	Initial R	Last name PRYOR	Your social security number	Filing Status - check only one <input checked="" type="checkbox"/> Single or head of household <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separately, enter spouse's SSN: _____
If a joint return, spouse's first name	Initial	Last name	Spouse's social security number	
Home address (number and street) 1101 YOUNG STREET			City, town, or post office, state and ZIP code MIDDLETOWN OH 45044	
Ohio Residency Status (see instructions): <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident _____ (state of residence)			Ohio Public School District Number 0906 Ohio Political Party Fund Do you want \$1 to go to this fund? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If joint return, does your spouse want \$1 to go to this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: Checking "Yes" will not increase your tax or decrease your refund.	

INCOME	1. Federal Adjusted Gross Income (from Federal Form 1040, line 33; or 1040A, line 19; or 1040EZ, line 4; or 1040 TEL)	1	15,499.
	2. Ohio Adjustments (from line 44 on page 2 of this return)	2	
	3. Ohio Adjusted Gross Income (line 2 subtracted from or added to line 1)	3	15,499.
	4. Multiply your personal and dependent exemptions 1 times \$1,100 and enter the result here	4	1,100.
	5. Ohio Taxable Income (subtract line 4 from line 3)	5	14,399.
TAX AND CREDITS	6. Ohio Tax before Credits (see tax tables)	6	225.
	7. Credits from Schedule B (line 53 on page 2 of this return)	7	0.
	8. Ohio Tax less Schedule B Credits (Subtract line 7 from line 6. If line 7 is more than line 6, enter zero.)	8	225.
	9. Exemption Credit. Number of personal and dependent exemptions 1 times \$20	9	20.
	10. Ohio Tax less Exemption Credit (Subtract line 9 from line 8. If line 9 is more than line 8, enter zero.)	10	205.
	11. Joint Filing Credit (see instructions and attach documentation) _____ % times line 10 (limit \$650)	11	
	12. Ohio Tax less Joint Filing Credit (subtract line 11 from line 10)	12	205.
	13. Resident/Nonresident/Part-Year Credits (Sch. C or D) & Nonrefundable Business Credits (attach Sch. E)	13	
	14. Ohio Income Tax (Subtract line 13 from line 12. If line 13 is more than line 12, enter zero.)	14	205.
	15. Interest Penalty on Underpayment of Estimated Tax: Check <input type="checkbox"/> if Form IT-2210 attached	15	
	16. Ohio Use Tax (please see worksheet)	16	
	17. Total Ohio Tax (please add line 14, line 15, and line 16)	17	205.
PAYMENTS	18. Ohio Tax Withheld (box 18 on your W-2) (attach W-2's to the back of this form) AMOUNT WITHHELD ▶	18	388.
	19. Ohio Estimated Tax, IT-40P Payments for 2000, and 1999 Overpayment Credited to 2000	19	
	20. Refundable Business Jobs Refundable Pass-through Entity Total of Credit 20a _____ Credits 20b _____ 20a & 20b	20	
	21. Add lines 18, 19, and 20 TOTAL PAYMENTS ▶	21	388.
REFUND OR OWE	22. If line 21 is LESS than line 17, subtract line 21 from line 17. Attach payment made payable to Treasurer of State of Ohio. Check here <input type="checkbox"/> if you have paid or will pay with a credit card (see instructions) AMOUNT YOU OWE ▶	22	0.
	23. If line 21 is GREATER than line 17, subtract line 17 from line 21 AMOUNT OVERPAID ▶	23	183.
	24. Amount of line 23 you wish to DONATE for conservation of endangered species and wildlife diversity \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 24	24	
	25. Amount of line 23 you wish to DONATE for nature preserves, scenic rivers, and endangered species protection \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 25	25	
	26. Amount of line 23 to be credited to 2001 estimated tax liability. CREDIT ▶	26	
	27. Amount of line 23 to be refunded (subtract amounts on lines 24, 25 and 26 from line 23) YOUR REFUND ▶	27	183.
	IF BALANCE DUE IS LESS THAN \$1.01 PAYMENT NEED NOT BE MADE, & IF OVERPAYMENT IS LESS THAN \$1.01 NO REFUND WILL BE ISSUED		

Signature	Date
Signature of preparer (if filing joint, BOTH must sign)	Preparer's phone number
Preparer's signature and address (including a business address)	Preparer's phone number 513 988-9609
HUDSON TAX SERVICE 4 POTTER STREET TRENTON, OHIO 45067	

FOR DEPARTMENTAL USE ONLY	
REFUND CREDIT PRESENT - MAIL TO OHIO DEPARTMENT OF TAXATION P.O. BOX 2679 COLUMBUS, OHIO 43220-2679	PAYMENT ENCLOSED - MAIL TO OHIO DEPARTMENT OF TAXATION P.O. BOX 2207 COLUMBUS, OHIO 43220-2207

CONFIDENTIAL

FORM IR FILE WITH

CITY OF MIDDLETOWN
INCOME TAX DIVISION
PO BOX 8739

MIDDLETOWN, OH 45042

ON OR BEFORE 4/30/01

INCOME TAX RETURN FOR 2000

MIDDLETOWN

FILING REQUIRED EVEN IF NO TAX DUE.

TAX OFFICE PHONE (513) 425-7859

MAKE CHECK OR MONEY ORDER

PAYABLE TO

CITY OF MIDDLETOWN

City Use Only

ACCOUNT NO.

NAME OF EMPLOYER

ADDRESS Street

City

TAXPAYER'S NAME AND ADDRESS

SHAWN R PRYOR
1101 YOUNG STREET
MIDDLETOWN, OH 45044

TELEPHONE: Home 513-422-3164

Business

SOCIAL SECURITY NO.

TAXPAYER

SPOUSE

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DATE:

INTO CITY

ON OUT OF

NOTE: Page 2 must be completed if you have taxable rental property or business income.

- 1 WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (ATTACH ALL W-2'S) \$ 13,793.
- 2 OTHER TAXABLE INCOME (SEE INSTRUCTIONS) \$
- 3 TAXABLE INCOME: LINE 1. PLUS LINE 2 \$ 13,793.
- 4 MUNICIPAL TAX .0150 OF LINE 3. \$ 207.
- 5 CREDITS
- A TAX WITHHELD BY EMPLOYER FOR CITY OF MIDDLETOWN \$
- B ESTIMATED TAX PAID CITY OF MIDDLETOWN \$
- C TAX PAID CITY OF SEE STATEMENT NOT TO EXCEED .0150 \$ 207.
- D PRIOR YEAR OVER PAYMENTS \$
- E TOTAL CREDITS \$ 207.
- 6 IF LINE 4 GREATER THAN LINE 5E PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN. TAX DUE \$

A PENALTY \$ INTEREST \$ TOTAL \$

B TOTAL AMOUNT DUE

7 OVERPAYMENT TO BE REFUNDED \$

OR CREDITS \$

TO NEXT YEAR ESTIMATE

DECLARATION OF ESTIMATED TAX FOR YEAR

- 8 TOTAL INCOME SUBJECT TO TAXES MULTIPLY BY TAX RATE OF .0150 FOR GROSS TAX OF \$
- 9 LESS EXPECTED TAX CREDITS
- A WITHHELD BY EMPLOYER FOR CITY OF MIDDLETOWN \$
- B OVERPAYMENT FROM PRIOR YEARS \$
- C PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY NOT TO EXCEED .0150 \$
- D TOTAL CREDITS \$
- 10 NET TAX DUE (LINE 9 LESS LINE 8) \$ 0.
- 11 AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1% OF LINE 10) \$

12 AMOUNT ENCLOSED (LINE 6) \$ (LINE 11) \$ TOTAL \$

☒ I HAVE PREPARED THIS RETURN AND I AM A PROFESSIONAL, ACCOUNTANT, OR OTHER PERSON QUALIFIED BY TRAINING AND EXPERIENCE TO PREPARE THIS RETURN.

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOUNTING RECORDS AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN THE TAXPAYER THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE PREPARED PERSON HAS ANY KNOWLEDGE.

Signature of Person Preparing if other than Taxpayer

Date

Signature of Taxpayer or Agent

Date

HUDSON TAX SERVICE
4 POTTER STREET
TRENTON, OH 45067
513 985-9609**CONFIDENTIAL**

Signature of Taxpayer

Date

11/17/02

SHAWN R. PRYOR
Form IR

PAGE 2

NEED BE COMPLETED ONLY BY THOSE WHO HAVE OTHER TAXABLE INCOME THAN WAGES OR WHO
CLAIM EXPENSES AS A DEDUCTIONS FROM SUCH WAGES.

13a Profit from any business owned (attach federal schedule C) \$ _____

13b Add items not deductible \$ _____

13c Subtract items not taxable \$ _____

13 Line 13a plus line 13b less line 13c \$ _____

14a Rental income (attach federal schedule E) \$ _____

14b Add items not deductible \$ _____

14c Subtract items not taxable \$ _____

14 Line 14a plus line 14b less line 14c \$ _____

15 Other income (attach appropriate federal schedule) \$ _____

16 Total other income (add lines 13, 14 and 15) \$ _____

A. Net loss per previous city income tax returns \$ _____
(Operating losses may be carried forward for a maximum period of five (5) years)

B. Total other income \$ _____

17 CREDITS

A. Deductible expenses: (attach IRS Form - Schedule 2106 - or other statement) \$ _____

B. Non-taxable income: (Explain) _____
\$ _____

C. Total deductions \$ _____

18 Net other taxable income or deductions (insert in line 2 page 1) \$ _____

LINE 5C STATEMENT: RESIDENT CITY CREDIT FOR TAX PAID TO WORK CITY.

WORK CITY	INCOME	TAX PAID	RESIDENT CITY CREDIT
KETTERING	2,062.	36.	31.
MIAMISBURG	12,769.	223.	192.
			=====
	Total credit line 5C.		207.

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13,793.00

SUPPORTING STATEMENT, FORM IR
CITY OF MIDDLETOWN2000
PAGE 1

SHAWN R. PRYOR

SSN

1	Wages, salaries, tips, and other employee compensation	
	DESCRIPTION	AMOUNT
	TRACT INC	781.00
	TRADER PUB	12,769.00
	PC REVIEW	243.00
		=====
	TOTAL AMOUNT:	13,793.00

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SHAWN R PRYOR

1101 YOUNG ST
MIDDLETOWN OH 45044-

INVOICE DATE: 01/22/2000

ID NUMBER:

TELEPHONE: 937-252-4111

Invoice No:

INVOICE

Description

- 1 Form 1040EZ
- 1 Form(s) W-2, Wage and Tax Statement
- 1 Form 8453, Declaration for Electronic Filing
- 1 Form 8867, Earned Income Credit Checklist
- 1 RAL Application

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Remarks:

Bank Fee 308

Total Charges	76.00
Discount	
Sales Tax	
Payments	
Amount Due	76.00

Declaration Control Number (DCN)

00-313643-10246-0

IRS Use Only - Do not write or stamp in this space.

Form **8453****U.S. Individual Income Tax Declaration
for an IRS e-file Return**

OMB No. 1545-0092

Department of the Treasury
Internal Revenue Service

For the year January 1 - December 31, 1999

1999

▶ See instructions.

Use the
IRS label.Otherwise,
please
print or
type.L
A
B
E
L
H
E
R
E

Your first name and initial

SHAWN R PRYOR

Last name

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security no.

Home address (number and street). If you have a P.O. box, see instructions.

1101 YOUNG ST

Apt. no.

City, town or post office, state, and ZIP code

MIDDLETOWN

OH 45044-

▲ IMPORTANT! ▲
You must enter
your SSN(s) above.

Telephone number (optional)

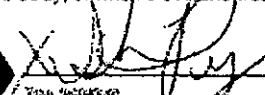
Part I Tax Return Information (Whole dollars only)

1	Total income (Form 1040, line 22; Form 1043A, line 14; Form 1040EZ, line 4)	1	9,001.
2	Total tax (Form 1040, line 56; Form 1040A, line 34; Form 1040EZ, line 10)	2	294.
3	Federal income tax withheld (Form 1040, line 57; Form 1040A, line 35; Form 1040EZ, line 7)	3	953.
4	Refund (Form 1040, line 68a; Form 1040A, line 41a; Form 1040EZ, line 11a)	4	659.
5	Amount you owe (Form 1040, line 68; Form 1040A, line 43; Form 1040EZ, line 12)	5	

Part II Declaration of Taxpayer (Sign only after Part I is completed.)6a ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 1999 Federal income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.b ☐ I do not want direct deposit of my refund or I am not receiving a refund.c ☐ I authorize the U.S. Treasury and its designated Financial Agents to initiate an ACH debit (automatic withdrawal) entry to my financial institution account indicated for payment of my Federal taxes owed, and my financial institution to debit the entry to my account. This authorization is to remain in full force and effect until the U.S. Treasury's Financial Agents receive notification from me of the termination. To revoke this payment authorization, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (seller's) date. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment.

If I have filed a balance due return, I understand that if the IRS does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and state tax return and there is an error on my state return, I understand my Federal return will be rejected.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 1999 Federal income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending my ERO and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection, and, if I am applying for a refund anticipation loan or similar product, an indication of a refund offset. If the processing of my return or refund is delayed, I authorize the IRS to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent.

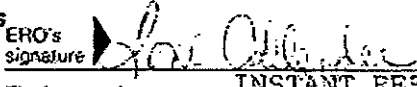
Sign
Here

 1/22/2000
 Your signature Date

Spouse's signature, if a joint return, DOTI miss sign Date

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (See instructions.)

I declare that I have reviewed the above taxpayer's return and that the entries on Form 8453 are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 1345, Handbook for Electronic Return Originators of Individual Income Tax Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's
Use
Only

ERO's signature  Date 01/22/2000 Check if also paid preparer ☒ Check if self-employed ☐ ERO's SSN or PTIN

Firm's name (or yours if self-employed) and address
 INSTANT REFUND TAX SERVICE
 4487 MARIE DRIVE
 MIDDLETOWN OH 45044-
 EIN 31-1487988
 ZIP code

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid

Preparer's
signature
Firm's name (or yours
if self-employed)
Use Only and address

Date

Check
if self-
employed ☐

Preparer's SSN or PTIN

EIN

ZIP code

For Paperwork Reduction Act Notice, see instructions.

Form 8453 (1999)

CAA 9 84531 NTF2X08 GLO 2908 Copyright 1999 GristandNico LP - Form Software Only

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Department of the Treasury - Internal Revenue Service

Form
1040EZIncome Tax Return for Single and
Joint Filers With No Dependents (9/99) 1999

OMB No. 1545-0075

Use IRS Label

Your full name,
initial, & last name
If a joint return,
spouse's full name,
initial, & last name
Home address
(number and
street & apt. no.)
If you have a P.O.
box, see page 7.
City, town or post
office, state, & ZIP
code. If you have a
foreign address,
see instructions.

SHAWN R PRYOR

1101 YOUNG ST
MIDDLETOWN OH 45044-

Your social security number

Spouse's social security number

Presidential
Election
Campaign
(See inst.)

Note: Checking "Yes" will not change your tax or reduce your refund.
Do you want \$3 to go to this fund?

Yes ☐ No ☒

▲ IMPORTANT! ▲
You must enter
your SSN(s) above.

If a joint return, does your spouse want \$3 to go to this fund?

Yes ☐ No ☒

Dollars Cents

Income

Attach
Copy B of
Form(s)
W-2 here.
Enclose, but
do not staple,
any payment

1 Total wages, salaries, and tips. This should be shown in
box 1 of your W-2 form(s). Attach your W-2 form(s). 1 9,001.

2 Taxable interest. If the total is over \$400, you cannot use
Form 1040EZ. 2

3 Unemployment compensation, qualified state tuition program earnings
and Alaska Permanent Fund dividends (see instructions). 3

4 Add lines 1, 2, and 3. This is your adjusted gross
income. 4 9,001.

Note: You
must check
Yes or No.

5 Can your parents (or someone else) claim you on their return?
Yes. Enter amount from worksheet on page 2. ☐ No. If single, enter 7,050.00.
If married, enter 12,700.00. See page 2 for explanation. ☒ 5 7,050.

6 Subtract line 5 from line 4. If line 5 is larger than
line 4, enter 0. This is your taxable income. 6 1,951.

Payments
and tax

7 Enter your Federal income tax withheld from box 2 of
your W-2 form(s). 7 953.

8a Earned income credit (see instructions).
b Nontaxable earned income. enter type and amount below.
Type \$ 8a NO

9 Add lines 7 and 8a. These are your total payments. 9 953.

10 Tax. Use the amount on line 6 above to find your tax
in the tax table in the instructions. Then, enter the tax
from the table on this line. 10 294.

Refund

Have it
directly
deposited! See
instructions
and fill in 11b,
11c, and 11d.

11a If line 9 is larger than line 10, subtract line 10 from
line 9. This is your refund. 11a 659.

b Routing number

c Type. d Account number
Checking Savings

☒
☐

CONFIDENTIAL

Amount you owe 12 If line 10 is larger than line 9, subtract line 9 from line
10. This is the amount you owe. See instructions for
details on how to pay. 12

I have read this return. Under penalties of perjury, I declare that to the best of my
knowledge and belief, the return is true, correct, and accurately lists all amounts and
sources of income I received during the tax year.

Sign Your signature
here

Spouse's signature if joint return. See inst.

Keep
copy
for your
records.

Date

Your occupation

Date

Spouse's occupation

COMPUTER/TECH SUPPORT

For
Official
Use
Only

1	2	3	4	5
6	7	8	9	10

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see inst.
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1999 Form 1040EZ

Form 1040EZ (1999) SHAWN R. PRIOR

Page 2

Use this form if

- Your filing status is single or married filing jointly.
 - You do not claim any dependents.
 - You do not claim a student loan interest deduction (see instructions) or an education credit.
 - You had **only** wages, salaries, tips, taxable scholarship or fellowship grants, unemployment compensation, qualified state tuition program earnings, or Alaska Permanent Fund dividends, and your taxable interest was not over \$400. But if you earned tips, including allocated tips, that are not included in box 5 and box 7 of your W-2, you may not be able to use Form 1040EZ. See instructions. If you are planning to use Form 1040EZ for a child who received Alaska Permanent Fund dividends, see instructions.
 - You did not receive any advance earned income credit payments.
- If you are not sure about your filing status, see instructions. If you have questions about dependents, use TeleTax topic 354 (see instructions). If you **cannot** use this form, use TeleTax topic 352 (see instructions).

Filling in your return

Enter your (and your spouse's if married) social security number on page 1. Because this form is read by a machine, please print your numbers inside the boxes like this:

9	8	7	6	5	4	3	2	1	0
---	---	---	---	---	---	---	---	---	---

Do not type your numbers. Do not use dollar signs.

For tips on how to avoid common mistakes, see instructions.

If you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds, see the booklet before filing in the form. Also, see the booklet if you received a Form 1099-INT showing Federal income tax withheld or if Federal income tax was withheld from your unemployment compensation or Alaska Permanent Fund dividends.

Remember, you must report all wages, salaries, and tips even if you do not get a W-2 form from your employer. You must also report all your taxable interest, including interest from banks, savings and loans, credit unions, etc., even if you do not get a Form 1099-INT.

Worksheet for dependents who checked "Yes" on line 5

(keep a copy for your records)

Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, use TeleTax topic 354 (see instructions).

A. Amount, if any, from line 1 on page 1

+ 250.00

Enter total

A.

B. Minimum standard deduction

B.

700.00

C. Enter the LARGER of line A or line B here

C.

D. Maximum standard deduction. If **single**, enter 4,300.00; if

married, enter 7,200.00

D.

E. Enter the SMALLER of line C or line D here. This is your standard deduction

E.

F. Exemption amount.

• If single, enter 0.

• If married and--

--both you and your spouse can be claimed as dependents, enter 0.

--only one of you can be claimed as a dependent, enter 2,750.00

F.

G. Add lines E and F. Enter the total here and on line 5 on page 1

G.

If you checked "No" on line 5 because no one can claim you (or your spouse if married) as a dependent, enter on line 5 the amount shown below that applies to you.

- Single, enter 7,050.00. This is the total of your standard deduction (4,300.00) and your exemption (2,750.00).
- Married, enter 12,700.00. This is the total of your standard deduction (7,200.00), your exemption (2,750.00), and your spouse's exemption (2,750.00).

CONFIDENTIAL

Mailing return

Mail your return by **April 17, 2000**. Use the envelope that came with your booklet. If you do not have that envelope, see instructions for the address to use.

Paid preparer's use only

Under penalty of perjury, I declare that I prepared and signed this return, and to the best of my knowledge and belief, it is true, correct, and was prepared by me or under my direct supervision and control. This declaration is based on all information of which I have any knowledge.

Preparer's signature

Date

01/11/2000

Check if self-employed ☐

Preparer's SSN or PTIN

See instructions.

Firm's name (or yours if self-employed) and address

INSTANT REFUND TAX SERVICE

4487 MARIE DRIVE

MIDDLETOWN

OH

EIN

31-1487988

ZIP code

45014-

CAA 9 1040EZ2 NTP 22902

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Form 1040EZ (1999)

IT-1040 OHIO Income Tax Return 1999

For the year Jan. 1-Dec. 31, 1999 or other calendar year ending

19

SOCIAL SECURITY NUMBER(S) MUST BE FILLED IN BELOW

PLEASE PRINT CLEARLY OR TYPE	Your first name		Initial	Last name	Your social security number	Filing Status -- check only one	
	SHAWN R PRIOR					<input checked="" type="checkbox"/> Single or Head of Household	
	If a joint return, spouse's first name		Initial	Last name	Spouse's social security no.	<input type="checkbox"/> Married filing joint return	
	Home address (number and street)		Apt. Number		Ohio county	<input type="checkbox"/> Married filing separately, enter spouse SS#	
	1101 YOUNG ST				BUTLER		
City, town or post office, state and ZIP code					Ohio Public School District Number		
MIDDLETOWN OH 45044-					0906		
Ohio Residency Status (SEE INSTRUCTIONS):					Ohio Political Party Fund		
<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Part-Year Resident From:					Do you want \$1 to go to this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Nonresident 99 to 99					If joint return, does your spouse want \$1 to go to this fund? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(STATE OF RESIDENCY)					Note: Checking "Yes" will not increase your tax or decrease your refund.		

INCOME	1	Federal Adjusted Gross Income (use Federal Form 1040 line 33 or 1040A line 18, or 1040EZ line 4 or 1040 TEL)	1	9,001.
	2	Ohio Adjustments (from line 45 on page 2 of this return)	2	
	3	Ohio Adjusted Gross Income (line 2 subtracted from or added to line 1)	3	9,001.
	4	Multiply your personal and dependent exemptions 1 times \$1,050 and enter the result here	4	1,050.
	5	Ohio Taxable Income (subtract line 4 from line 3)	5	7,951.
TAX & CREDITS	6	Ohio Tax before Credits (see tax tables)	6	78.
	7	Credits from Schedule B (line 54 on page 2 of this return)	7	
	8	Ohio Tax less Schedule B Credits (subtract line 7 from line 6. If line 7 is more than line 6, enter zero)	8	78.
	9	Exemption Credit: Number of personal and dependent exemptions 1 times \$20	9	20.
	10	Ohio Tax less Exemption Credit (subtract line 9 from line 8. If line 9 is more than line 8, enter zero)	10	58.
	11	Joint Filing Credit (see instructions and attach documentation) % times line 10 (Limit \$850.00)	11	
	12	Ohio Tax less Joint Filing Credit (subtract line 11 from line 10)	12	58.
	13	Resident/Nonresident/Part-Year Credits (Sch. C or D) & Nonrefundable Business Credits (attach Sch. E)	13	
	14	Ohio Income Tax (subtract line 13 from line 12. If line 13 is more than line 12, enter zero)	14	58.
	PAYMENTS	15	Ohio Tax Withheld (attach W-2's to page 2 of this form) AMOUNT WITHHELD	15
16		Ohio Estimated Tax, IT-63P Prints, for 1999 & 1998 Overpayment Credited to 1999	16	
17		Refundable Business Jobs Refundable Pass-through Entity Total of Credits 17a Credits 17b 17a & 17b	17	
18		Add lines 15, 16, and 17 TOTAL PAYMENTS	18	112.
REFUND OR AMT YOU OWE	19	If line 18 is LESS than line 14, subtract line 18 from line 14 and enter the tax due	19	
	19a	Interest Penalty on Underpayment of Estimated Tax; Check <input type="checkbox"/> if Form IT-2210 is attached	19a	
	19b	Amount You Owe (add lines 19 & 19a) Attach Payment made payable to Treasurer of State of Ohio. AMOUNT YOU OWE	19b	
	20	If line 18 is GREATER than line 14, subtract line 14 from line 18 AMOUNT OVERPAID	20	54.
	21	Amount of line 20 you wish to DONATE for nature preserves, scenic views, and endangered species protection: \$3 \$5 \$10 Other <input type="checkbox"/> Check box and enter amount on line 21	21	
	22	Amount of line 20 you wish to DONATE for conservation or endangered species and wildlife viewing: \$3 \$5 \$10 Other <input type="checkbox"/> Check box and enter amount on line 22	22	
	23	Amount of line 20 to be credited to 2000 estimated tax liability CREDIT	23	
	24	Amount of line 20 to be refunded (subtract amounts on lines 19a, 21, 22, and 23 from line 20) YOUR REFUND	24	54.

IF THE BALANCE DUE IS LESS THAN \$1.01, PAYMENT NEED NOT BE MADE. AND IF THE OVERPAYMENT IS LESS THAN \$1.01, NO REFUND WILL BE ISSUED. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief this return is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

SIGN HERE	Taxpayers signature	Date
	Spouse's signature (filing jointly BOTH must sign)	Telephone Number (Optional)
	Employer's signature and address (including zip code)	Preparer's Phone Number
	INSTANT REFUND TAX SERVICE 1487 MARIE DRIVE MIDDLETOWN OH 45044-	

FOR DEPARTMENTAL USE ONLY	
REFUND CREDIT REQUESTED- MAIL TO: OHIO DEPARTMENT OF TAXATION P.O. BOX 2679 COLUMBUS, OHIO 43220-2679	PAYMENT ENCLOSED- MAIL TO: OHIO DEPARTMENT OF TAXATION P.O. BOX 7013 COLUMBUS, OHIO 43270-7013 31-1487988

CONFIDENTIAL

IT-1040 OHIO Income Tax Return 2001

For the year Jan. 1 - Dec. 31, 2001 or other taxable year ending

20

Social Security Numbers must be filled-in below.

Your first name SHAWN		Initial R	Last name PRYOR	Your social security number	Filing Status - check only one <input checked="" type="checkbox"/> Single or Head of Household <input type="checkbox"/> Married (filing joint return) <input type="checkbox"/> Married filing separately, enter spouse's SSN: _____
If a joint return, spouse's first name		Initial	Last name	Spouse's social security number	
Home address (number and street) 1101 YOUNG STREET		Apt. Number		Ohio county BUTL	
City, town or post office, state and ZIP code MIDDLETOWN OH 45044				Ohio Public School District Number (See pages 33-35.) 0906	
Ohio Residency Status (see instructions) <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Part-Year Resident from: _____ <input type="checkbox"/> Nonresident _____ to _____ <small>state of residence</small>				Ohio Political Party Fund Do you want \$1 to go to this fund? <input type="checkbox"/> Yes <input type="checkbox"/> No If joint return, does your spouse want \$1 to go to this fund? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: Checking "Yes" will not increase your tax or decrease your refund.	

I N C O M E	1. Federal Adjusted Gross Income (from Federal Form 1040, line 33; or 1040A, line 19; or 1040EZ, line 4; or 1040 TEL)	1	26,054.0
	2. Ohio Adjustments (from line 45 on page 2 of this return)	2	
	3. Ohio Adjusted Gross Income (line 2 subtracted from or added to line 1)	3	26,054.0
	4. Multiply your personal and dependent exemptions <input type="text" value="1"/> times \$1,150 and enter the result here	4	1,150.0
	5. Ohio Taxable Income (subtract line 4 from line 3)	5	24,904.0
T A X A N D C R E D I T S	6. Tax on line 5 (see tax tables, pages 28-32)	6	665.0
	7. Credits from Schedule B (line 54 on page 2 of this return)	7	0.0
	8. Ohio Tax less Schedule B Credits (Subtract line 7 from line 6. If line 7 is more than line 6, enter zero.)	8	665.0
	9. Exemption Credit: Number of personal and dependent exemptions <input type="text" value="1"/> times \$20	9	20.0
	10. Ohio Tax less Exemption Credit (Subtract line 9 from line 8. If line 9 is more than line 8, enter zero.)	10	645.0
	11. Joint Filing Credit (see instructions and attach documentation) _____ % times line 10 (limit \$650)	11	
	12. Ohio Tax less Joint Filing Credit (subtract line 11 from line 10)	12	645.0
	13. Resident/Nonresident/Part-Year Credits (Sch. C or D) & Nonrefundable Business Credits (attach Sch. E)	13	
	14. Ohio Income Tax (Subtract line 13 from line 12. If line 13 is more than line 12, enter zero.)	14	645.0
	15. Interest Penalty on Underpayment of Estimated Tax: Check <input type="checkbox"/> if Form IT-2210 attached	15	
	16. Unpaid Ohio Use Tax (please see worksheet on page 24) <small>The amount you enter on this line is part of your year's income tax liability for this year.</small>	16	
	17. Total Ohio Tax (add line 14, line 15, and line 16)	17	645.0
P A Y M E N T S	18. Ohio Tax Withheld (box 17 on your W-2s) (attach W-2's to the back of this form) AMOUNT WITHHELD ▶	18	793.00
	19. Ohio Estimated Tax, IT-40P Payments for 2001, and 2000 Overpayment Credited to 2001	19	
	20. Refundable Business Jobs Refundable Pass-through Entity Total of Credit 20a <input type="text"/> Credits 20b <input type="text"/> 20a & 20b	20	
	21. Add lines 18, 19, and 20 TOTAL PAYMENTS ▶	21	793.00
R E F U N D / O W E	22. If line 21 is LESS than line 17, subtract line 21 from line 17. Attach payment made payable to Treasurer of State of Ohio. Check here <input type="checkbox"/> if you have paid or will pay with a credit card (see instructions) AMOUNT YOU OWE ▶	22	0.0
	23. If line 21 is GREATER than line 17, subtract line 17 from line 21 AMOUNT OVERPAID ▶	23	148.0
	24. Amount of line 23 you wish to DONATE for nature preserves, scenic forces, and endangered species protection: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 24	24	
	25. Amount of line 23 you wish to DONATE for conservation of endangered species and wildlife diversity: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 25	25	
	26. Amount of line 23 to be credited to 2002 estimated tax liability. CREDIT ▶	26	
	27. Amount of line 23 to be refunded (subtract amounts on lines 24, 25, and 26 from line 23) YOUR REFUND ▶	27	148.0
	IF BALANCE DUE IS LESS THAN \$1.01 PAYMENT NEED NOT BE MADE, & IF OVERPAYMENT IS LESS THAN \$1.01 NO REFUND WILL BE ISSUED		

I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

Signature	Date
Spouse's signature (if filer jointly, BOTH must sign)	Phone number (optional)
Preparer's signature and address (including zip code)	Preparer's phone number
513 988-9609	
HUDSON TAX SERVICE JOAN E HUDSON 4 POTTER STREET TRENTON, OH 45967	

FOR DEPARTMENTAL USE ONLY	
NO PAYMENT ENCLOSED - MAIL TO: OHIO DEPARTMENT OF TAXATION P.O. BOX 2579 COLUMBUS, OH 43270-2579	PAYMENT ENCLOSED - MAIL TO: OHIO DEPARTMENT OF TAXATION P.O. BOX 2857 COLUMBUS, OH 43270-2857

FORM IR FILE WITH

INCOME TAX RETURN FOR 2001

MAKE CHECK OR MONEY ORDER

MIDDLETOWN

PAYABLE TO

FILING REQUIRED EVEN IF NO TAX DUE.

CITY OF MIDDLETOWN

TAX OFFICE PHONE

ON OR BEFORE 04-30-02

NAME OF EMPLOYER

ACCOUNT NO.

ADDRESS: Street

TAXPAYER'S NAME AND ADDRESS

City

TELEPHONE: Home 513-422-3164

Business

SOCIAL SECURITY NO.

TAXPAYER

SPOUSE

SHAWN R PRYOR
1101 YOUNG STREET
MIDDLETOWN, OH 45044

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DATE

DATE CITY

OR OUT OF

NOTE: Page 2 must be completed if you have taxable rental property or business income.

- 1 WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (ATTACH ALL W-2'S) \$ 24,96
- 2 OTHER TAXABLE INCOME (SEE INSTRUCTIONS) \$ 2,22
- 3 TAXABLE INCOME: LINE 1, PLUS LINE 2 \$ 27,18
- 4 MUNICIPAL TAX .0150 OF LINE 3. \$ 40
- 5 CREDITS
- A TAX WITHHELD BY EMPLOYER FOR CITY OF MIDDLETOWN \$
- B ESTIMATED TAX PAID CITY OF MIDDLETOWN \$
- C TAX PAID CITY OF SEE STATEMENT NOT TO EXCEED .0150 \$ 374.
- D PRIOR YEAR OVER PAYMENTS \$
- E TOTAL CREDITS \$ 37
- 6 IF LINE 4 GREATER THAN LINE 5E PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN. TAX DUE \$ 3

A PENALTY \$, INTEREST \$ TOTAL \$

B TOTAL AMOUNT DUE \$ 3

7 OVERPAYMENT TO BE REFUNDED \$ OR CREDITED \$ TO NEXT YEAR ESTIMATE

DECLARATION OF ESTIMATED TAX FOR YEAR

- 8 TOTAL INCOME SUBJECT TO TAX 1 MULTIPLY BY TAX RATE OF .0150 FOR GROSS TAX OF \$
- 9 LESS EXPECTED TAX CREDITS
- A WITHHELD BY EMPLOYER FOR CITY OF MIDDLETOWN \$
- B OVERPAYMENT FROM PRIOR YEARS \$
- C PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY NOT TO EXCEED .0150 \$
- D TOTAL CREDITS \$
- 10 NET TAX DUE (LINE 8 LESS LINE 9D) \$
- 11 AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 10) \$

12 AMOUNT ENCLOSURE (LINE 6) \$ 34 (LINE 11) \$ TOTAL \$ 3

☒ If this return was prepared by a practitioner, check here if we may contact him or her directly with questions regarding the preparation of this return.

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ANY SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER THE DECLARATION BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

01/23/02

Signature of Person Preparing (other than Taxpayer)

Date

Signature of Taxpayer or Agent

Date

HUDSON TAX SERVICE
4 POTTER STREET
TRENTON, OH 45067
513 988-9609

Signature of Taxpayer

Date

SHAWN R PRYOR

Form 1R

PAGE 2

NEED BE COMPLETED ONLY BY THOSE WHO HAVE OTHER TAXABLE INCOME THAN WAGES OR WHO
CLAIM EXPENSES AS A DEDUCTIONS FROM SUCH WAGES.

13a	Profit from any business owned (attach Federal Schedule C)	\$	2,223.
13b	Add items not deductible	\$	
13c	Subtract items not taxable	\$	
13d	Profit from farm (attach Federal Schedule F)	\$	
13e	Add items not deductible	\$	
13f	Subtract items not taxable	\$	
13	Line 13a plus line 13b less line 13c plus line 13d plus line 13e less line 13f	\$	2,223.
14a	Rental income (attach Federal Schedule E)	\$	
14b	Add items not deductible	\$	
14c	Subtract items not taxable	\$	
14	Line 14a plus line 14b less line 14c	\$	
15	Other income (attach appropriate Federal Schedule)	\$	
16	Total other income (add lines 13, 14 and 15)	\$	2,22
A. Net loss per previous city income tax returns		\$	
(Operating losses may be carried forward for a maximum period of five (5) years)			
B.	Total other income	\$	2,22
17	CREDITS		
A. Deductible expenses (attach IRS Form - Schedule 210S - or other statement)		\$	
B. Non-taxable income (Explain)		\$	
C.	Total deductions	\$	
18	Net other taxable income or deductions (insert in line 2 page 1)	\$	2,22

LINE 5C STATEMENT: RESIDENT CITY CREDIT FOR TAX PAID TO WORK CITY.			
WORK CITY	INCOME	TAX PAID	RESIDENT CITY CREDIT
MIAMISBURG	24,960.	437.	374.
			=====
	TOTAL CREDIT LINE 5C.		374.

00 - 313795 - 00048 - 2

IRS Use Only - Do not write or stamp in this space.

Declaration Control Number (DCN)

U.S. Individual Income Tax Declaration
for an IRS e-file Return

OMB No. 1545-0046

2001

Form 8453

Department of the Treasury
Internal Revenue Service

For the year January 1 - December 31, 2001

See instructions on back.

Use the
IRS label,
Otherwise,
please
print or
type.L
A
B
E
L
H
E
R
E

Your first name and initial

Last name

Your social security number

SHAWN R

PRYOR

If a joint return, spouse's first name and initial

Last name

Spouse's social security no.

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

1101 YOUNG STREET

City, town or post office, state, and ZIP code

MIDDLETOWN, OH 45044

▲ IMPORTANT! ▲
You must enter
your SSN(s) above.

Daytime phone number

Part I Tax Return Information (Whole dollars only)

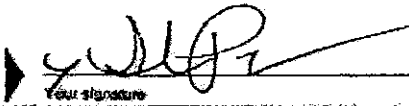
1	Adjusted gross income (Form 1040, line 33; Form 1040A, line 19; Form 1040EZ, line 4)	1	26,054
2	Total tax (Form 1040, line 58; Form 1040A, line 36; Form 1040EZ, line 11)	2	3,108
3	Federal income tax withheld (Form 1040, line 59; Form 1040A, line 37; Form 1040EZ, line 8)	3	2,628
4	Refund (Form 1040, line 68a; Form 1040A, line 43a; Form 1040EZ, line 12a)	4	0
5	Amount you owe (Form 1040, line 70; Form 1040A, line 45; Form 1040EZ, line 13)	5	480

Part II Declaration of Taxpayer (Sign only after Part I is completed.)

- 6a ☐ I consent that my refund be directly deposited, as designated in the electronic portion of my 2001 Federal income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- b ☒ I do not want direct deposit of my refund. Or I am not receiving a refund.
- c ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and for a payment of estimated tax. I further understand that this authorization may apply to subsequent Federal tax payments that I direct to be collected through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate subsequent payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-253-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.


If I have filed a balance due return, I understand that if the IRS does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and state tax return and there is an error on my state return, I understand my Federal return will be rejected.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2001 Federal income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending my ERO and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not my return is accepted, any indication of a refund offer, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the IRS to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent.

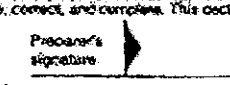
Sign Here  1/23/02
Your signature Date Spouse's signature, if a joint return, both must sign. Date

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (See instructions.)

I declare that I have reviewed the above taxpayer's return and that the entries on Form 8453 are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that the form accurately reflects the data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in PUD, 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's  Date 01/23/2002 Check if also paid preparer ☒ Check if self-employed ☐ ERO's SSN or PTIN
Use Only Firm's name (or yours if self-employed), address, and ZIP code HUDSON TAX SERVICE EIN 34-1915840
4 POTTER STREET
TRENTON, OH 45067 Phone no. 513 988-9609

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's  Date Check if self-employed ☐ Preparer's SSN or PTIN
Use Only Firm's name (or yours if self-employed), address, and ZIP code EIN
Phone no.

For Paperwork Reduction Act Notice, see separate instructions

Form 8453 (2001)

REF: W-2(1)

Form 1040 (2001)

SHAWN R PRYOR

Page 2

Tax and Credits

34 Amount from line 33 (adjusted gross income)

34 26,054.

35a Check if: ☐ You were 65 or older, ☐ Blind, ☐ Spouse was 65 or older, ☐ Blind.

Add the number of boxes checked above and enter the total here

35a 0

b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here

35b ☐

36 Itemized deductions (from Schedule A) or your standard deduction (see left margin)

36 4,550.

37 Subtract line 36 from line 34

37 21,504.

38 If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet on page 32

38 2,900.

39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-

39 18,604.

40 Tax (see pg 33). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972

40 2,794.

41 Alternative minimum tax (see page 34). Attach Form 6251

41 0.

42 Add lines 40 and 41

42 2,794.

43 Foreign tax credit. Attach Form 1116 if required

43

44 Credit for child and dependent care expenses. Attach Form 2441

44

45 Credit for the elderly or the disabled. Attach Schedule R

45

46 Education credits. Attach Form 8863

46

47 Rode reduction credit. See the worksheet on page 36

47

48 Child tax credit (see page 37)

48

49 Adoption credit. Attach Form 8839

49

50 Other credits from: a ☐ Form 3800 b ☐ Form 8396c ☐ Form 8801 d ☐ Form (specify)

50

51 Add lines 43 through 50. These are your total credits

51 0.

52 Subtract line 51 from line 42. If line 51 is more than line 42, enter -0-

52 2,794.

53 Self-employment tax. Attach Schedule SE

53 314.

Other Taxes

54 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137

54

55 Tax on qualified plans, including IRAs, & other tax-favored accounts. Attach Form 5329 if required

55

56 Advanced earned income credit payments from Form(s) W-2

56

57 Household employment taxes. Attach Schedule H

57

58 Add lines 52 through 57. This is your total tax

58 3,108.

Payments

59 Federal income tax withheld from Forms W-2 and 1099

59 2,628.

60 2001 estimated tax payments and amount applied from 2000 return

60

61a Earned income credit (EIC)

61a

b Nontaxable earned income

61b

62 Excess social security and RRTA tax withheld (see page 57)

62

63 Additional child tax credit. Attach Form 8812

63

64 Amount paid with request for extension to file (see page 51)

64

65 Other payments. Check if from: a ☐ Form 2439 b ☐ Form 4136

65

66 Add lines 59, 60, 61a, and 62 through 65. These are your total payments

66 2,628.

Refund

67 If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid

67

68a Amount of line 67 you want refunded to you

68a 0.

b Routing number

c Type: ☐ Checking ☐ Savings

d Account number

69 Amount of line 67 you want applied to your 2002 estimated tax

69

Amount

70 Amount you owe. Subtract line 66 from line 58. For details on how to pay, see page 52

70 480.

You Owe

71 Estimated tax penalty. Also include on line 70

71

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 53)?

☒ Yes. Complete the following.☐ No

Designee

Designee's name

PREPARER

Phone no

Personal identification number (PIN)

Sign Here

Under penalty of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See page 13. Keep a copy for your records.

Your signature

Date

Your occupation

Daytime phone number

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

Paid

Preparer's signature

Date

Check if

self-employed ☐

Preparer's SSN or PTIN

Preparer's Use Only

Firm's name (or name of self-employed)

HUDSON TAX SERVICE

EIN 34-1915840

Address and ZIP code

4 POTTER STREET

Phone no 513 988-9609

TRENTON, OH 45067

SCHEDULE C
(Form 1040)Department of the Treasury
Internal Revenue Service**Profit or Loss From Business**(Sole Proprietorship) ▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.
▶ Attach to Form 1040 or Form 1041. ▶ See instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2001
09

Name of proprietor

SHAWN R. PRYOR

Social security number (SSN)

A Principal business or profession, including product or service (see page C-1 of the instructions)**CONSULTING****B** Enter code from pages C-7 & 8**C** Business name. If no separate business name, leave blank.**D** Employer ID number (EIN), if any**E** Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶**G** Did you "materially participate" in the operation of this business during 2001? If "No," see page C-2 for limit on losses☒ Yes ☐ No**H** If you started or acquired this business during 2001, check here ▶**Part I Income**

1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here	<input type="checkbox"/>	1	2,223.
2 Returns and allowances		2	
3 Subtract line 2 from line 1.		3	2,223.
4 Cost of goods sold (from line 42 on page 2)		4	0.
5 Gross profit. Subtract line 4 from line 3		5	2,223.
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)		6	
7 Gross income. Add lines 5 and 6		7	2,223.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8		19 Pension and profit-sharing plans	19	
9 Bad debts from sales or services (see page C-3)	9		20 Rent or lease (see page C-4):	20a	
10 Car and truck expenses (see page C-3)	10		a Vehicles, machinery, and equip	20b	
11 Commissions and fees	11		b Other business property	21	
12 Depreciation	12		21 Repairs and maintenance	22	
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13		22 Supplies (not included in Part III)	23	
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	24	
15 Insurance (other than health)	15		24 Travel, meals, and entertainment:	24a	
16 Interest:	16a		a Travel	24b	
a Mortgage (paid to banks, etc.)	16b		b Meals and entertainment	24c	
b Other	17		c Enter nondeductible amount included on line 24b (see page C-5)	24d	
17 Legal and professional services	18		d Subtract line 24c from line 24b	25	
18 Office expense	19		25 Utilities	26	
			26 Wages (less employment credits)	27	
			27 Other expenses (from line 48 on page 2)		

28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	0.
29 Tentative profit (loss). Subtract line 28 from line 7	29	2,223.
30 Expenses for business use of your home. Attach Form 8829	30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	2,223.
32 If you have a loss, check the box that describes your investment in this activity (see page C-6). • If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198.	32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.	

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 2001

SCHEDULE SE
(Form 1040)Department of the Treasury
Internal Revenue Service**Self-Employment Tax**

▶ See Instructions for Schedule SE (Form 1040).

▶ Attach to Form 1040.

OMB No. 1545-0074

2001
17

Name of person with self-employment income (see instructions on Form 1040)

SHAWN R PRYOR

Social security number of person

with self-employment income ▶

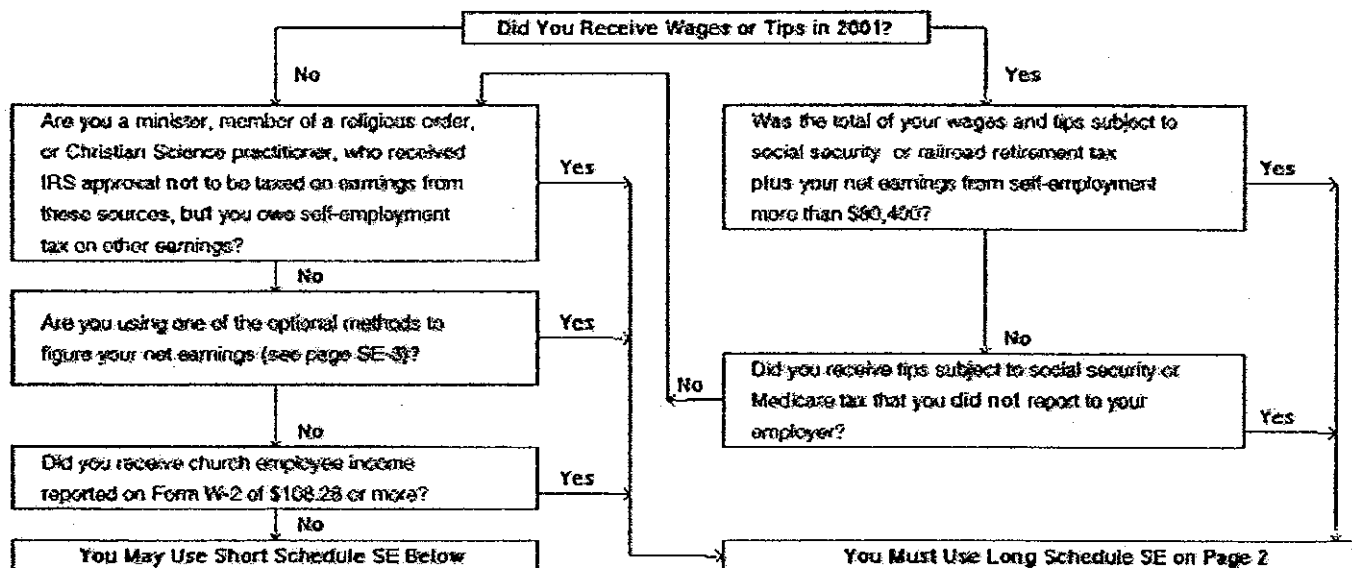
Who Must File Schedule SE

You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE. See page SE-3.

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 53.

May I Use Short Schedule SE or Must I Use Long Schedule SE?**Section A – Short Schedule SE.** Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 38, and farm partnerships, Schedule K-1 (Form 1065), line 15a.	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report.	2	2,223.
3	Combine lines 1 and 2.	3	2,223.
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax.	4	2,053.
5	Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none"> • \$80,400 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 53. • More than \$80,400, multiply line 4 by 2.9% (.029). Then, add \$9,959.60 to the result. Enter the total here and on Form 1040, line 53. 	5	314.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27.	6	157.

For Paperwork Reduction Act Notice, see Form 1040 Instructions

Schedule SE (Form 1040) 2001

For the year Jan. 1-Dec. 31, 2001 or other taxable year ending .20

Social Security Numbers must be filled-in below.

Your first name SHAWN	Initial R	Last name PRYOR	Your social security number	Filing Status - check only one <input checked="" type="checkbox"/> Single or Head of Household <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separately, enter spouse's SSN _____
If a joint return, spouse's first name	Initial	Last name	Spouse's social security number	
Home address (number and street) 1101 YOUNG STREET			Ohio county BUTL	
City, town or post office, state and ZIP code MIDDLETOWN OH 45044			Ohio Public School District Number (See pages 33-35.) 0906	
Ohio Residency Status (see instructions) <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Part-Year Resident from: _____ <input type="checkbox"/> Nonresident _____			Ohio Political Party Fund Do you want \$1 to go to this fund? <input type="checkbox"/> Yes <input type="checkbox"/> No If joint return, does your spouse want \$1 to go to this fund? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: Checking "Yes" will not increase your tax or decrease your refund.	

INCOME	1. Federal Adjusted Gross Income (from Federal Form 1040, line 33; or 1040A, line 19; or 1040EZ, line 4; or 1040 TEL)	1	26,054.0
	2. Ohio Adjustments (from line 45 on page 2 of this return)	2	
	3. Ohio Adjusted Gross Income (line 2 subtracted from or added to line 1)	3	26,054.0
	4. Multiply your personal and dependent exemptions 1 times \$1,150 and enter the result here	4	1,150.0
	5. Ohio Taxable Income (subtract line 4 from line 3)	5	24,904.0
TAX AND CREDITS	6. Tax on line 5 (see tax tables, pages 28-32)	6	665.0
	7. Credits from Schedule B (line 54 on page 2 of this return)	7	0.0
	8. Ohio Tax less Schedule B Credits (Subtract line 7 from line 6. If line 7 is more than line 6, enter zero.)	8	665.0
	9. Exemption Credit: Number of personal and dependent exemptions 1 times \$20	9	20.0
	10. Ohio Tax less Exemption Credit (Subtract line 9 from line 8. If line 9 is more than line 8, enter zero.)	10	645.0
	11. Joint Filing Credit (see instructions and attach documentation) _____ % times line 10 (limit \$650)	11	
	12. Ohio Tax less Joint Filing Credit (subtract line 11 from line 10)	12	645.0
	13. Resident/Nonresident/Part-Year Credits (Sch. C or D) & Nonrefundable Business Credits (attach Sch. E)	13	
	14. Ohio Income Tax (Subtract line 13 from line 12. If line 13 is more than line 12, enter zero.)	14	645.0
	15. Interest Penalty on Underpayment of Estimated Tax: Check <input type="checkbox"/> if Form IT-2210 attached	15	
	16. Unpaid Ohio Use Tax (please see worksheet on page 24) The amount you show on this line is part of your total income tax liability for this year.	16	
	17. Total Ohio Tax (add line 14, line 15, and line 16)	17	645.0
PAYMENTS	18. Ohio Tax Withheld (box 17 on your W-2) (attach W-2's to the back of this form) AMOUNT WITHHELD ▶	18	793.00
	19. Ohio Estimated Tax, IT-40P Payments for 2001, and 2000 Overpayment Credited to 2001	19	
	20. Refundable Business Jobs Refundable Pass-through Entity Total of Credit 20a _____ Credits 20b _____ 20a & 20b	20	
	21. Add lines 18, 19, and 20 TOTAL PAYMENTS ▶	21	793.00
REFUND / OWE	22. If line 21 is LESS than line 17, subtract line 21 from line 17. Attach payment made payable to Treasurer of State of Ohio. Check here <input type="checkbox"/> if you have paid or will pay with a credit card (see instructions) AMOUNT YOU OWE ▶	22	0.0
	23. If line 21 is GREATER than line 17, subtract line 17 from line 21 AMOUNT OVERPAID ▶	23	148.0
	24. Amount of line 23 you wish to DONATE for nature preserves, scenic areas, and endangered species protection: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 24	24	
	25. Amount of line 23 you wish to DONATE for conservation of endangered species and wildlife diversity: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 25	25	
	26. Amount of line 23 to be credited to 2002 estimated tax liability. CREDIT ▶	26	
	27. Amount of line 23 to be refunded (subtract amounts on lines 24, 25, and 26 from line 23) YOUR REFUND ▶	27	148.0
	IF BALANCE DUE IS LESS THAN \$1.01 PAYMENT NEED NOT BE MADE, & IF OVERPAYMENT IS LESS THAN \$1.01 NO REFUND WILL BE ISSUED. I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.		

SIGN HERE	Your signature _____ Date _____	FOR DEPARTMENTAL USE ONLY NO PAYMENT ENCLOSED - MAIL TO: OHIO DEPARTMENT OF TAXATION P.O. BOX 2679 COLUMBUS, OH 43260-3679 PAYMENT ENCLOSED - MAIL TO: OHIO DEPARTMENT OF TAXATION P.O. BOX 2857 COLUMBUS, OH 43260-3057	
	Spouse's signature (if filing jointly, BOTH must sign) _____ Phone number (optional) _____		
	Preparer's signature and address (including zip code) _____ Preparer's phone number _____		
	HUDSON TAX SERVICE JOAN E HUDSON 4 POTTER STREET TRENTON, OH 45067		

FORM IR FILE WITH

INCOME TAX RETURN FOR 2001

MAKE CHECK OR MONEY ORDER

MIDDLETOWN

PAYABLE TO

FILING REQUIRED EVEN IF NO TAX DUE

CITY OF NMIDDLETOWN

TAX OFFICE PHONE

ON OR BEFORE 04-30-02

NAME OF EMPLOYER

ACCOUNT NO.

ADDRESS: Street

TAXPAYER'S NAME AND ADDRESS

City

TELEPHONE: Home 513-422-3164

Business

SOCIAL SECURITY NO.

TAXPAYER

SPOUSE

SHAWN R PRYOR
1101 YOUNG STREET
MIDDLETOWN, OH 45044

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DATE

WTO CITY

OR OUT OF

NOTE: Page 2 must be completed if you have taxable rental property or business income.

1 WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (ATTACH ALL W-2'S) \$ 24,96

2 OTHER TAXABLE INCOME (SEE INSTRUCTIONS) \$ 2,22

3 TAXABLE INCOME: LINE 1, PLUS LINE 2 \$ 27,18

4 MUNICIPAL TAX .0150 OF LINE 3. \$ 40

5 CREDITS

A TAX WITHHELD BY EMPLOYER FOR CITY OF MIDDLETOWN \$

B ESTIMATED TAX PAID CITY OF MIDDLETOWN \$

C TAX PAID CITY OF SEE STATEMENT NOT TO EXCEED .0150 \$ 374.

D PRIOR YEAR OVER PAYMENTS \$

E TOTAL CREDITS \$ 37

6 IF LINE 4 GREATER THAN LINE 5E PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN. TAX DUE . . . \$ 3

A PENALTY \$ INTERESTS TOTAL \$

B TOTAL AMOUNT DUE 3

7 OVERPAYMENT TO BE REFUNDED \$ OR CREDITED \$ TO NEXT YEAR ESTIMATE

DECLARATION OF ESTIMATED TAX FOR YEAR

8 TOTAL INCOME SUBJECT TO TAX \$ MULTIPLY BY TAX RATE OF .0150 FOR GROSS TAX OF \$

9 LESS EXPECTED TAX CREDITS

A WITHHELD BY EMPLOYER FOR CITY OF MIDDLETOWN \$

B OVERPAYMENT FROM PRIOR YEAR(S) \$

C PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY NOT TO EXCEED .0150 \$

D TOTAL CREDITS \$

10 NET TAX DUE (LINE 8 LESS LINE 9D) \$

11 AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 10) \$

12 AMOUNT ENCLOSED (LINE 6) \$ 34 . (LINE 11) \$ TOTAL \$ 3

☒ If this return was prepared by a practitioner, check here if we may contact for further details with questions regarding the preparation of this return.

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER (THE DECLARATION BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE)

01/23/02

Signature of Person Preparing (other than Taxpayer)

Date

Signature of Taxpayer or Agent

Date

HUDSON TAX SERVICE
4 POTTER STREET
TRENTON, OH 45067
513 988-9609

Signature of Taxpayer

Date

SHAWN R PRYOR

Form IR

PAGE 2

**NEED BE COMPLETED ONLY BY THOSE WHO HAVE OTHER TAXABLE INCOME THAN WAGES OR WHO
CLAIM EXPENSES AS A DEDUCTIONS FROM SUCH WAGES.**

13a	Profit from any business owned (attach Federal Schedule C)	\$	2,223.
13b	Add items not deductible	\$	
13c	Subtract items not taxable	\$	
13d	Profit from farm (attach Federal Schedule F)	\$	
13e	Add items not deductible	\$	
13f	Subtract items not taxable	\$	
13	Line 13a plus line 13b less line 13c plus line 13d plus line 13e less line 13f	\$	2,223.
14a	Rental income (attach Federal Schedule E)	\$	
14b	Add items not deductible	\$	
14c	Subtract items not taxable	\$	
14	Line 14a plus line 14b less line 14c	\$	
15	Other income (attach appropriate Federal Schedule)	\$	
16	Total other income (add lines 13, 14 and 15)	\$	2,22
A. Net loss per previous city income tax returns		\$	
(Operating losses may be carried forward for a maximum period of five (5) years)			
B. Total other income		\$	2,22
17	CREDITS		
A. Deductible expenses: (attach IRS Form - Schedule 2106 - or other statement)		\$	
B. Non-taxable income: (Explain)		\$	
C. Total deductions		\$	
18	Net other taxable income or deductions (insert in line 2 page 1)	\$	2,22

LINE 5C STATEMENT: RESIDENT CITY CREDIT FOR TAX PAID TO WORK CITY.			
WORK CITY	INCOME	TAX PAID	RESIDENT CITY CREDIT
MIAMISBURG	24,960.	437.	374.
			=====
	TOTAL CREDIT LINE 5C.		374.

Department of the Treasury - Internal Revenue Service

1040 U.S. Individual Income Tax Return **2002** IRS Use Only - Do not write or staple in this space.

OMB No. 1545-0047

For the year Jan. 1 - Dec. 31, 2002, or other tax year beginning _____, 2002, ending _____, 20

Your first name and initial **SHAWN R** Last name **PRYOR** Your social security number _____

If a joint return, spouse's first name and initial _____ Last name _____ Spouse's social security number _____

Name address (street and street 1). If you have a P.O. box, see page 21. Apt. no. **9165 COUNTRY POND TRAIL**

City, town or post office, county, state, and ZIP code. If you live in a foreign country, see page 21. **MIAMISBURG, OH 45342**

IMPORTANT! You **MUST** enter your SSN on this line.

Presidential Election Campaign (See page 21) Note: Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? You ☐ Yes ☒ No Spouse ☐ Yes ☐ No

Filing Status

1 ☒ Single 4 ☐ Head of household (with qualifying person). (See page 21.) If the qualifying person is a child but not your dependent, enter this child's name here: _____

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here: _____ 5 ☐ Qualifying widow(er) with dependent child (year spouse died: _____). (See page 21.)

Exemptions

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. No. of exemptions claimed on 6a and 6b **1**

b ☐ Spouse No. of children on 6c who:

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If a qualifying child for credit, see pg 22b

If more than five dependents, see page 22.

d Total number of exemptions claimed **1**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **24,318.**

8a Taxable interest. Attach Schedule B if required **8a**

b Tax-exempt interest. Do not include on line 8a **8b**

9 Ordinary dividends. Attach Schedule B if required **9**

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24) **10**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **13**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** b Taxable amount (see pg 25) **15b**

16a Pensions and annuities **16a** b Taxable amount (see pg 25) **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

20a Social security benefits **20a** b Taxable amount (see pg 27) **20b**

21 Other income. List type and amount (see page 28) **21**

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **24,318.**

Adjusted Gross Income

23 Educator expenses (see page 29) **23**

24 IRA deduction (see page 29) **24**

25 Student loan interest deduction (see page 31) **25**

26 Tuition and fees deduction (see page 32) **26**

27 Archer MSA deduction. Attach Form 8853 **27**

28 Moving expenses. Attach Form 3903 **28**

29 One-half of self-employment tax. Attach Schedule SE **29**

30 Self-employed health insurance deduction (see page 33) **30**

31 Self-employed SEP, SIMPLE, and qualified plans **31**

32 Penalty on early withdrawal of savings **32**

33a Alimony paid b Recipient's SSN **33a**

34 Add lines 23 through 33a **0.**

35 Subtract line 34 from line 22. This is your adjusted gross income **24,318.**

Form 1040 (2003)

SHAWN R. PRYOR

Page 2

Tax and Credits

Standard Deduction for:

• People who checked any box on line 37a or 37b. Or who can be claimed as a dependent, see page 34.
 • All others:
 Single, \$4,300
 Head of household, \$5,300
 Married filing jointly or Qualifying widow(er), \$7,500
 Married filing separately, \$3,750

36	Amount from line 35 (adjusted gross income)	36	24,318.
37a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here ▶ 37a 0		
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 34 and check here ▶ 37b <input type="checkbox"/>		
38	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	38	4,700.
39	Subtract line 38 from line 36	39	19,618.
40	If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on line 6d. If line 36 is over \$103,000, see the worksheet on page 35	40	3,000.
41	Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-	41	16,618.
42	Tax (see pg 35). Check if any tax is from: a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972	42	2,194.
43	Alternative minimum tax (see page 37). Attach Form 6251	43	0.
44	Add lines 42 and 43	44	2,194.
45	Foreign tax credit. Attach Form 1116 if required	45	
46	Credit for child and dependent care expenses. Attach Form 2441	46	
47	Credit for the elderly or the disabled. Attach Schedule R	47	
48	Education credits. Attach Form 8863	48	
49	Retirement savings contributions credit. Attach Form 8880	49	
50	Child tax credit (see page 39)	50	
51	Adoption credit. Attach Form 8839	51	
52	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	52	
53	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	53	
54	Add lines 45 through 53. These are your total credits	54	0.
55	Subtract line 54 from line 44. If line 54 is more than line 44, enter -0-	55	2,194.
56	Self-employment tax. Attach Schedule SE	56	
57	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	57	
58	Tax on qualified plans, including IRAs, & other tax-favored accounts. Attach Form 5329 if required	58	
59	Advanced earned income credit payments from Form(s) W-2	59	
60	Household employment taxes. Attach Schedule H	60	
61	Add lines 55 through 60. This is your total tax	61	2,194.
62	Federal income tax withheld from Forms W-2 and 1099	62	2,729.
63	2002 estimated tax payments and amount applied from 2001 return	63	
64	Earned income credit (EIC)	64	
65	Excess social security and tier 1 RRTA tax withheld (see page 56)	65	
66	Additional child tax credit. Attach Form 8812	66	
67	Amount paid with request for extension to file (see page 58)	67	
68	Other payments from: a <input type="checkbox"/> Form 2039 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8845	68	
69	Add lines 62 through 68. These are your total payments	69	2,729.
70	If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid	70	535.
71a	Amount of line 70 you want refunded to you	71a	535.
b	Routing number	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
72	Amount of line 70 you want applied to your 2003 estimated tax	72	
73	Amount you owe. Subtract line 69 from line 61. For details on how to pay, see page 57	73	
74	Estimated tax penalty (see page 57)	74	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? ☒ Yes. Complete the following. ☐ No

Designee's name: **PREPARER** Phone no.: **937-433-2743**

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Taxpayer's signature	Date	Preparer's signature	Date
		COMP TECH	

Preparer's phone number: **937-433-2743**

Paid

Preparer's Use Only

Preparer's name (if yours): **HUDSON TAX SERVICE** EIN: **34-1915840**

Address and ZIP code: **4 POTTER STREET** **TRENTON, OH 45067** Phone no.: **513 988-9609**

T-1040 OHIO Income Tax Return 2002

For the year Jan. 1-Dec. 31, 2002 or other taxable year ending

.00

Social Security Numbers must be filled in below.

Your first name SHAWN		Initial R	Last name PRYOR		Your social security number	Filing Status - check only one <input checked="" type="checkbox"/> Single or Head of Household <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separately, enter spouse's SSN	
If a joint return, spouse's first name		Initial	Last name		Spouse's social security number		
Home address (number and street) 9165 COUNTRY POND TRAIL				Apartment number	Ohio county BUTL	Spouse's SSN	
City, town or post office, state and ZIP code MIAMISBURG OH 45342					Ohio Public School District Number (See pages 33-35.) 0906		
Ohio Residency Status (see instructions) <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident from: 02 to 02 State of residence					Ohio Political Party Fund Do you want \$1 to go to this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

1. Federal Adjusted Gross Income (from Federal Form 1040, line 35; or 1040A, line 21; or 1040EZ, line 4; or 1040 TEL)	1	24,318.00
2. Ohio Adjustments (from line 45 on page 2 of this return)	2	
3. Ohio Adjusted Gross Income (line 2 subtracted from or added to line 1)	3	24,318.00
4. Multiply your personal and dependent exemptions 1 times \$1,200 and enter the result here	4	1,200.00
5. Ohio Taxable Income (subtract line 4 from line 3)	5	23,118.00
6. Tax on line 5 (see tax tables, pages 26-32)	6	585.00
7. Credits from Schedule B (line 54 on page 2 of this return)	7	0.00
8. Ohio Tax less Schedule B Credits (Subtract line 7 from line 6. If line 7 is more than line 6, enter zero.)	8	585.00
9. Exemption Credit: Number of personal and dependent exemptions 1 times \$20	9	20.00
10. Ohio Tax less Exemption Credit (Subtract line 9 from line 8. If line 9 is more than line 8, enter zero.)	10	565.00
11. Joint Filing Credit (see instructions and attach documentation) 0 % times line 10 (limit \$650)	11	
12. Ohio Tax less Joint Filing Credit (subtract line 11 from line 10)	12	565.00
13. Resident/Nonresident/Part-Year Credits (Sen. C or D) & Nonrefundable Business Credits (attach Sch. E)	13	
14. Ohio Income Tax (Subtract line 13 from line 12. If line 13 is more than line 12, enter zero.)	14	565.00
15. Interest Penalty on Underpayment of Estimated Tax: Check <input type="checkbox"/> if Form IT-2210 attached	15	
16. Unpaid Ohio Use Tax (please see worksheet on page 24) The amount you show on this line is part of your total income tax liability for this year.	16	
17. Total Ohio Tax (add line 14, line 15, and line 16)	17	565.00
18. Ohio Tax Withheld (box 17 on your W-2) (attach W-2's to the back of this form) AMOUNT WITHHELD	18	653.00
19. Ohio Estimated Tax, IT-40P Payments for 2002, and 2001 Overpayment Credited to 2002	19	
20. Refundable Business Jobs Refundable Pass-through Entity Total of Credit 20a 0 Credit 20b 0 20a & 20b	20	
21. Add lines 18, 19, and 20 TOTAL PAYMENTS	21	653.00
22. If line 21 is LESS than line 17, subtract line 21 from line 17. Attach statement made payable to Treasurer of State of Ohio. Check here <input type="checkbox"/> if you have paid or will pay with a credit card (see instructions) AMOUNT YOU OWE	22	0.00
23. If line 21 is GREATER than line 17, subtract line 17 from line 21 AMOUNT OVERPAID	23	88.00
24. Amount of line 23 you wish to DONATE for conservation of endangered species and wildlife diversity \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 24	24	
25. Amount of line 23 you wish to DONATE for nature preserves, scenic rivers, and endangered species protection \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 25	25	
26. Amount of line 23 to be credited to 2003 estimated tax liability. CREDIT	26	
27. Amount of line 23 to be refunded (subtract amounts on lines 24, 25, and 26 from line 23) YOUR REFUND	27	88.00

IF BALANCE DUE IS LESS THAN \$1.01 PAYMENT NEED NOT BE MADE. & IF OVERPAYMENT IS LESS THAN \$1.01 NO REFUND WILL BE ISSUED

I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete:

Your signature	Date
Spouse's signature (if filing jointly, BOTH must sign)	Phone number (optional)
Preparer's signature and address (including zip code)	Preparer's phone number
PAULA TEDESCO	513 988-9609
HUDSON TAX SERVICE	
4 POTTER STREET	
TRENTON OH 45667	

FOR DEPARTMENTAL USE ONLY			
		78a.	U
NO PAYMENT ENCLOSED - MAIL TO: OHIO DEPARTMENT OF TAXATION P.O. BOX 2679 COLUMBUS, OH 43270-2679		PAYMENT ENCLOSED - MAIL TO: OHIO DEPARTMENT OF TAXATION P.O. BOX 2057 COLUMBUS, OH 43270-2057	

FORM IR FILE WITH

MIAMISBURG INCOME TA
10 NORTH FIRST ST
MIAMISBURG OHIO
45342

RESIDENT

INCOME TAX RETURN FOR 2002

MIAMISBURG

FILING REQUIRED EVEN IF NO TAX DUE.

TAX OFFICE PHONE 866-3303

MAKE CHECK OR MONEY ORDER

PAYABLE TO

CITY OF MIAMISBURG

ON OR BEFORE 4-30-99

ACCOUNT NO.

NAME OF EMPLOYER

ADDRESS: Street

City

TAXPAYER'S NAME AND ADDRESS

SHAWN R PRYOR
9165 COUNTRY POND TRAIL
MIAMISBURG, OH 45342

TELEPHONE: Home 937-433-2743

Business

SOCIAL SECURITY NO.

TAXPAYER

SPOUSE

IF MOVED SINCE THE PREVIOUS FILING EITHER WAS THE SAME DATE

INTO CITY

OR OUT OF

NOTE: Page 2 must be completed if you have taxable rental property or business income.

- 1 WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (ATTACH ALL W-2'S) \$ 6,338.
- 2 OTHER TAXABLE INCOME (SEE INSTRUCTIONS) \$
- 3 TAXABLE INCOME: LINE 1, PLUS LINE 2 \$ 6,338.
- 4 MUNICIPAL TAX .0175 OF LINE 3. \$ 111.
- 5 CREDITS
- A TAX WITHHELD BY EMPLOYER FOR CITY OF MIAMISBURG \$ 74.
- B ESTIMATED TAX PAID CITY OF MIAMISBURG \$
- C TAX PAID CITY OF SEE STATEMENT NOT TO EXCEED .0175 \$ 111.
- D PRIOR YEAR OVER PAYMENTS \$
- E TOTAL CREDITS \$ 185.
- 6 IF LINE 4 GREATER THAN LINE 5E PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN. TAX DUE \$

A PENALTY \$ INTEREST \$ TOTAL \$

B TOTAL AMOUNT DUE

7 OVERPAYMENT TO BE REFUNDED \$ 74. OR CREDITED TO NEXT YEAR ESTIMATE

DECLARATION OF ESTIMATED TAX FOR YEAR

- 8 TOTAL INCOME SUBJECT TO TAX \$ MULTIPLY BY TAX RATE OF .0175 FOR GROSS TAX OF \$
- 9 LESS EXPECTED TAX CREDITS

A WITHHELD BY EMPLOYER FOR CITY OF MIAMISBURG \$

B PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY NOT TO EXCEED .0175 \$

C TOTAL CREDITS \$

10A NET TAX DUE (LINE 9 LESS LINE 10) \$ 0.

10B OVERPAYMENT FROM PRIOR YEAR(S) From line 7c \$

10C BALANCE OF 2003 ESTIMATED TAX DUE Line 10a minus 10b \$ 0.

11 AMOUNT PAID WITH THIS DECLARATION (11A of Line 10a less Line 10b) \$

12 AMOUNT ENCLOSED (LINE 8) \$ (LINE 11) \$ TOTAL \$

☐ If this return was prepared by a professional, check here if we may contact him/her directly with questions regarding the preparation of this return.

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER THE DECLARATION BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Person Preparing if other than Taxpayer

Date

Signature of Taxpayer or Agent

Date

HUDSON TAX SERVICE
4 POTTER STREET
TRENTON, OH 45067
513 988-9609

Signature of Taxpayer

Date

SHAWN R PRYOR

Form IR

PAGE 2

NEED BE COMPLETED ONLY BY THOSE WHO HAVE OTHER TAXABLE INCOME THAN WAGES OR WHO
CLAIM EXPENSES AS A DEDUCTIONS FROM SUCH WAGES.

13a Profit from any business owned (attach Federal Schedule C) \$ _____

13b Add items not deductible. \$ _____

13c Subtract items not taxable \$ _____

13d Profit from farm (attach Federal Schedule F) \$ _____

13e Add items not deductible. \$ _____

13f Subtract items not taxable \$ _____

13 Line 13a plus line 13b less line 13c plus line 13d plus line 13e less line 13f \$ _____

14a Rental income (attach Federal Schedule E). \$ _____

14b Add items not deductible. \$ _____

14c Subtract items not taxable \$ _____

14 Line 14a plus line 14b less line 14c \$ _____

15 Other income (attach appropriate Federal Schedule). \$ _____

16 Total other income (add lines 13, 14 and 15) \$ _____

A. Net loss per previous city income tax returns \$ _____
(Operating losses may be carried forward for a maximum period of five (5) years)

B. Total other income. \$ _____

17 CREDITS

A. Deductible expenses: (attach IRS Form - Schedule 210S - or other statement). \$ _____

B. Non-taxable income: (Explain) _____
\$ _____

C. Total deductions \$ _____

18 Net other taxable income or deductions (insert in line 2 page 1) \$ _____

LINE 5C STATEMENT: RESIDENT CITY CREDIT FOR TAX PAID TO WORK CITY.

WORK CITY	INCOME	TAX PAID	RESIDENT CITY CREDIT
SPRINGBORO	19,337.	290.	290.
			=====
	Total credit line 5C.		111.

FORM IR FILE WITH

CITY OF MIDDLETOWN
INCOME TAX DIVISION
PO BOX 8739

MIDDLETOWN, OH 45042

ON OR BEFORE 4/30/01

INCOME TAX RETURN FOR 2002

MIDDLETOWN

FILING REQUIRED EVEN IF NO TAX DUE.

TAX OFFICE PHONE (513) 425-7859

MAKE CHECK OR MONEY ORDER

PAYABLE TO

CITY OF MIDDLETOWN

NAME OF EMPLOYER

ACCOUNT NO

ADDRESS: Street

City

TAXPAYER'S NAME AND ADDRESS

SHAWN R. PRYOR
9165 COUNTRY POND TRAIL
MIAMISBURG, OH 45342

TELEPHONE: Home 937-433-2743

Business

SOCIAL SECURITY NO.

TAXPAYER

SPOUSE

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DATE:

INTO CITY 01/01/02 OR OUT OF 08/30/02

NOTE: Page 2 must be completed if you have taxable rental property or business income.

1 WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (ATTACH ALL W-2'S) \$ 18,885.

2 OTHER TAXABLE INCOME (SEE INSTRUCTIONS) \$

3 TAXABLE INCOME: LINE 1. PLUS LINE 2 \$ 18,885.

4 MUNICIPAL TAX .0150 OF LINE 3. \$ 283.

5 CREDITS

A TAX WITHHELD BY EMPLOYER FOR CITY OF MIDDLETOWN \$ 259.

B ESTIMATED TAX PAID CITY OF MIDDLETOWN \$

C TAX PAID CITY OF NOT TO EXCEED .0150 \$

D PRIOR YEAR OVER PAYMENTS \$

E TOTAL CREDITS \$ 259.

6 IF LINE 4 GREATER THAN LINE 5E PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN. TAX DUE \$ 24.

A PENALTY \$ INTEREST \$ TOTAL \$

B TOTAL AMOUNT DUE \$ 24.

7 OVERPAYMENT TAXER REFUND \$ OR CREDITED \$ TO NEXT YEAR ESTIMATE

DECLARATION OF ESTIMATED TAX FOR YEAR

8 TOTAL INCOME SUBJECT TO TAX \$ MULTIPLY BY TAX RATE OF .0150 FOR GROSS TAX OF \$

9 LESS EXPECTED TAX CREDITS

A WITHHELD BY EMPLOYER FOR CITY OF MIDDLETOWN \$

B PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY NOT TO EXCEED .0150 \$

C TOTAL CREDITS \$

10A NET TAX DUE (LINE 9 LESS LINE 9C) \$ 0.

10B OVERPAYMENT FROM PRIOR YEAR(S) From line 10 \$

10C BALANCE OF 2003 ESTIMATED TAX DUE, Line 10a minus 10b \$ 0.

11 AMOUNT PAID WITH THIS DECLARATION (Total of Line 10a less Line 10b) \$

12 AMOUNT ENCLOSED (LINE 8) \$ 24. (LINE 11) \$ TOTAL \$ 24.

☒ If this return was prepared by a practitioner, check here if we may contact either directly with questions regarding the preparation of this return.

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER THE DECLARATION BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Signature of Person Preparing if other than Taxpayer

Date

Signature of Taxpayer or Agent

Date

HUDSON TAX SERVICE
4 POTTER STREET
TRENTON, OH 45067
513 988-9609

Signature of Taxpayer

Date

100014071115

This Product Contains Sensitive Taxpayer Data

Request Date: 04-09-2007
Response Date: 04-09-2007
Employee Number: 88168
Tracking Number: 100014071115

Wage and Income Transcript

SSN Provided:
Tax Period Requested: December, 2000

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):311449345
TRACT INC
1277 NORTH FAIRFIELD SIGNS NOW NO 186
BEAVERCREEK, OH 45432-0000

Employee:
Employee's Social Security Number:
SHAWN PRYOR
1101 YOUNG ST
MIDDLETOWN, OH 45044-0000

Submission Type:.....ORIGINAL SUBMISSION
Wages, Tips and Other Compensation:.....\$781.00
Federal Income Tax Withheld:.....\$32.00
Social Security Wages:.....\$781.00
Social Security Tax Withheld:.....\$48.00
Medicare Wages and Tips:.....\$781.00
Medicare Tax Withheld:.....\$11.00
Social Security Tips:.....0.00
Allocated Tips:.....0.00
Advanced EIC Payment:.....0.00
Dependent Care Benefits:.....0.00
Deferred Compensation:.....0.00
Code "Q" Military Pay:.....0.00
Code "R" Employer's Contribution to MSA:.....0.00
Code "S" Employer's Contribution to Simple Account:.....0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....0.00
Deceased Indicator:.....
Pension Plan Indicator:.....
Deferred Compensation:.....Not Checked
Statutory Employee:.....Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):311629499
PC REVIEW MEDIA GROUP
717 E DAVID RD
DAYTON, OH 45429-0000

Employee:
Employee's Social Security Number:
SHAWN R PRYOR
1101 YOUNG ST
MIDDLETOWN, OH 45044-0000

Submission Type:.....ORIGINAL SUBMISSION
Wages, Tips and Other Compensation:.....\$2,061.00
Federal Income Tax Withheld:.....\$242.00
Social Security Wages:.....\$2,061.00
Social Security Tax Withheld:.....\$127.00

100014071115
 Medicare Tax Withheld: \$2,061.00
 Social Security Tips: \$29.00
 Allocated Tips: 0.00
 Advanced EIC Payment: 0.00
 Dependent Care Benefits: 0.00
 Deferred Compensation: 0.00
 Code "Q" Military Pay: 0.00
 Code "R" Employer's Contribution to MSA: 0.00
 Code "S" Employer's Contribution to Simple Account: 0.00
 Code "T" Expenses Incurred for Qualified Adoptions: 0.00
 Deceased Indicator:
 Pension Plan Indicator:
 Deferred Compensation: Not Checked
 Statutory Employee: Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:
 Employer Identification Number (EIN): S41571947
 TRADER PUBLISHING COMPANY
 100 WEST PLUME STREET
 NORFOLK, VA 23510-0000

Employee:
 Employee's Social Security Number:
 SHAWN R PRYOR
 1101 YOUNG ST
 MIDDLETOWN, OH 45044-0000

Submission Type: ORIGINAL SUBMISSION
 Wages, Tips and Other Compensation: \$12,768.00
 Federal Income Tax Withheld: \$1,201.00
 Social Security Wages: \$12,768.00
 Social Security Tax Withheld: \$791.00
 Medicare Wages and Tips: \$12,768.00
 Medicare Tax Withheld: \$185.00
 Social Security Tips: 0.00
 Allocated Tips: 0.00
 Advanced EIC Payment: 0.00
 Dependent Care Benefits: 0.00
 Deferred Compensation: 0.00
 Code "Q" Military Pay: 0.00
 Code "R" Employer's Contribution to MSA: 0.00
 Code "S" Employer's Contribution to Simple Account: 0.00
 Code "T" Expenses Incurred for Qualified Adoptions: 0.00
 Deceased Indicator:
 Pension Plan Indicator:
 Deferred Compensation: Not Checked
 Statutory Employee: Not Statutory Employee

Form 1098-E Student Loan Interest Statement

Borrower:
 Borrower's Social Security Number: 52-0974271
 SALLIE MAE
 11600 SALLIE MAE DRIVE
 RESTON, VA 22090-0000

Recipient:
 Recipient's Federal Identification Number (FIN):
 PRYOR, SHAWN R
 PO BOX 25
 MIDDLETOWN, OH 45042-0000

Submission Type: ORIGINAL SUBMISSION

This Product Contains Sensitive Taxpayer Data



003502

This Product Contains Sensitive Taxpayer Data

Request Date: 04-09-2007
 Response Date: 04-09-2007
 Employee Number: 8B1G8
 Tracking Number: 100014071115

Wage and Income Transcript

SSN Provided:
 Tax Period Requested: December, 2001

Form W-2 Wage and Tax Statement

Employer:
 Employer Identification Number (EIN): 541571947
 TRADER PUBLISHING COMPANY
 100 WEST PLUME STREET
 NORFOLK, VA 23510-0000

Employee:
 Employee's Social Security Number:
 SHAWN R PRYOR
 1101 YOUNG ST
 MIDDLETOWN, OH 45044-0000

Submission Type: ORIGINAL SUBMISSION
 Wages, Tips and Other Compensation: \$24,020.00
 Federal Income Tax Withheld: \$2,628.00
 Social Security Wages: \$24,020.00
 Social Security Tax Withheld: \$1,489.00
 Medicare Wages and Tips: \$24,020.00
 Medicare Tax Withheld: \$348.00
 Social Security Tips: 0.00
 Allocated Tips: 0.00
 Advanced EIC Payment: 0.00
 Dependent Care Benefits: 0.00
 Deferred Compensation: 0.00
 Code "Q" Military Pay: 0.00
 Code "R" Employer's Contribution to MSA: 0.00
 Code "S" Employer's Contribution to Simple Account: 0.00
 Code "T" Expenses Incurred for Qualified Adoptions: 0.00
 Third Party Sick Pay Indicator:
 Retirement Plan Indicator:
 Statutory Employee: Not Statutory Employee

Form 1098-E Student Loan Interest Statement

Borrower:
 Borrower's Social Security Number: 39-1992489
 UNIVERSITY ACCOUNTING SERVICE
 P O BOX 932
 BROOKFIELD, WI 53008-0900

Recipient:
 Recipient's Federal Identification Number (FIN):
 PRYOR SHAWN R
 1101 YOUNG ST
 MIDDLETOWN, OH 45044-0000

Submission Type: ORIGINAL SUBMISSION
 Account Number (Optional): 276767798
 Student Loan Interest Received by Lender: \$12.00

Form 1098-E Student Loan Interest Statement

Borrower:
 Borrower's Social Security Number: 52-0974271
 SALLIE MAE
 11600 SALLIE MAE DRIVE
 RESTON, VA 22090-0000

Recipient:
 Recipient's Federal Identification Number (FIN):
 PRYOR, SHAWN R
 PO BOX 25
 MIDDLETOWN, OH 45042-0000

Submission Type: ORIGINAL SUBMISSION
 Account Number (Optional): N/A
 Student Loan Interest Received by Lender: \$31.00

Form 1098-E Student Loan Interest Statement

Borrower:
 Borrower's Social Security Number: 52-2195182
 STUDENT FINANCIAL ASSISTANCE
 DIRECT LOAN SERVICING CENTER
 P O BOX 4609
 UTICA, NY 13504-4609

Recipient:
 Recipient's Federal Identification Number (FIN):
 PRYOR SHAWN R
 P O BOX 25
 MIDDLETOWN, OH 45042-0000

Submission Type: ORIGINAL SUBMISSION
 Account Number (Optional): N/A
 Student Loan Interest Received by Lender: \$230.00

Form 1098-E Student Loan Interest Statement

Borrower:
 Borrower's Social Security Number: 64-0783793
 SUNTECH INC.
 6510 OLD CANTON ROAD
 RIDGELAND, MS 39157-0000

Recipient:
 Recipient's Federal Identification Number (FIN):
 PRYOR SHAWN R
 1101 YOUNG ST
 MIDDLETOWN, OH 45044-5824

Submission Type: ORIGINAL SUBMISSION
 Account Number (Optional): N/A
 Student Loan Interest Received by Lender: \$1,241.00

Form 1099-INT

Payer:
 Payer's Federal Identification Number (FIN): 31-6023946
 MIDFIRST CREDIT UNION INC
 1201 CRAWFORD STREET
 MIDDLETOWN, OH 45044-4500

Recipient:
 Recipient's Identification Number:
 SHAWN R PRYOR
 1101 YOUNG STREET

100014071115
MIDDLETOWN, OH 45044-0000

Submission Type:	ORIGINAL SUBMISSION
Account Number (Optional):	12353
Interest:	\$22.00
Tax Withheld:	0.00
Savings Bonds:	0.00
Investment Expense:	0.00
Interest Forfeiture:	0.00
Second Notice Indicator:	No Second Notice

Form 1099-MISC

Payer:

Payer's Federal Identification Number (FIN):31-1333317
REGENT SYSTEMS INCORPORATED
% MICHAEL A BERNAL
7333 PARAGON RD STE 250
DAYTON, OH 45459-0000

Recipient:

Recipient's Identification Number:
SHAWN PRYOR
1101 YOUNG ST
MIDDLETOWN, OH 45044-0000

Submission Type:	ORIGINAL SUBMISSION
Account Number (Optional):	N/A
Tax Withheld:	0.00
Non-Employee Compensation:	0.00
Medical Payments:	0.00
Fishing Income:	0.00
Rents:	0.00
Royalties:	0.00
Other Income:	\$2,221.00
Substitute Payments for Dividends:	0.00
Excess Golden Parachute:	0.00
Crop Insurance:	0.00
Attorney Fees:	0.00
Direct Sales Indicator:	Not Direct Sales
Second Notice Indicator:	No Second Notice

This Product Contains Sensitive Taxpayer Data

100014071115

This Product Contains Sensitive Taxpayer Data

Request Date: 04-09-2007
Response Date: 04-09-2007
Employee Number: 881GB
Tracking Number: 100014071115

Wage and Income Transcript

SSN Provided:
Tax Period Requested: December, 2002

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):311191344
THE DAL ELECTRONIC CO
425 SOUTH PIONEER BL
SPRINGBORO, OH 45066-0000

Employee:
Employee's Social Security Number:
SHAWN PRYOR
1101 YOUNG ST.
MIDDLETOWN, OH 45044-0000

Submission Type:.....ORIGINAL SUBMISSION
Wages, Tips and Other Compensation:.....\$18,849.00
Federal Income Tax Withheld:.....\$2,267.00
Social Security Wages:.....\$18,849.00
Social Security Tax Withheld:.....\$1,168.00
Medicare Wages and Tips:.....\$18,849.00
Medicare Tax Withheld:.....\$273.00
Social Security Tips:.....0.00
Allocated Tips:.....0.00
Advanced EIC Payment:.....0.00
Dependent Care Benefits:.....0.00
Deferred Compensation:.....0.00
Code "R" Employer's Contribution to MSA:.....0.00
Code "S" Employer's Contribution to Simple Account:.....0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....0.00
Code "V" Income from exercise of non-statutory stock options:.....0.00
Third Party Sick Pay Indicator:.....
Retirement Plan Indicator:.....
Statutory Employee:.....Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):311425341
DEBRAY ENTERPRISES INC.
730 E LOWER SPRINGB
SPRINGBORO, OH 45066-0000

Employee:
Employee's Social Security Number:
SHAWN R PRYOR
1101 YOUNG STREET
MIDDLETOWN, OH 45044-0000

Submission Type:.....ORIGINAL SUBMISSION
Wages, Tips and Other Compensation:.....\$1,643.00
Federal Income Tax Withheld:.....\$82.00
Social Security Wages:.....\$1,643.00
Social Security Tax Withheld:.....\$101.00
Medicare Wages and Tips:.....\$1,643.00

1000140/1115
Case 1:02-cv-00467-SSB-TSH Document 141-5 Filed 12/12/2007 Page 47 of 84
Medicare Tax Withheld:.....\$23.00
Social Security Tips:.....0.00
Allocated Tips:.....0.00
Advanced EIC Payment:.....0.00
Dependent Care Benefits:.....0.00
Deferred Compensation:.....0.00
Code "R" Employer's Contribution to MSA:.....0.00
Code "S" Employer's Contribution to Simple Account:.....0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....0.00
Code "Y" Income from exercise of non-statutory stock options:.....0.00
Third Party Sick Pay Indicator:.....
Retirement Plan Indicator:.....
Statutory Employee:.....Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):316000769
NORTHWEST LOCAL SCHOOL DIST.
3240 BANKING ROAD
CINCINNATI, OH 45011-0000

Employee:
Employee's Social Security Number:
SHAWN R PRYOR
9165 COUNTRY POND TR
MIAMISBURG, OH 45342-0000

Submission Type:.....ORIGINAL SUBMISSION
Wages, Tips and Other Compensation:.....\$3,826.00
Federal Income Tax Withheld:.....\$378.00
Social Security Wages:.....0.00
Social Security Tax Withheld:.....0.00
Medicare Wages and Tips:.....\$4,208.00
Medicare Tax Withheld:.....\$61.00
Social Security Tips:.....0.00
Allocated Tips:.....0.00
Advanced EIC Payment:.....0.00
Dependent Care Benefits:.....0.00
Deferred Compensation:.....0.00
Code "R" Employer's Contribution to MSA:.....0.00
Code "S" Employer's Contribution to Simple Account:.....0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....0.00
Code "Y" Income from exercise of non-statutory stock options:.....0.00
Third Party Sick Pay Indicator:.....
Retirement Plan Indicator:.....Yes
Statutory Employee:.....Not Statutory Employee

Form 1098-E Student Loan Interest Statement

Borrower:
Borrower's Social Security Number:39-1992489
UNIVERSITY ACCOUNTING SERVICE
P O BOX 932
BROOKFIELD, WI 53008-0000

Recipient:
Recipient's Federal Identification Number (FIN):
PRYOR SHAWN R
1101 YOUNG ST
MIDDLETOWN, OH 45044-0000

Submission Type:.....ORIGINAL SUBMISSION
Account Number (Optional):.....276767798
Student Loan Interest Received by Lender:.....\$29.00

This Product Contains Sensitive Taxpayer Data

Request Date: 04-09-2007
 Response Date: 04-09-2007
 Employee Number: 88168
 Tracking Number: 100014071115

Wage and Income Transcript

SSN Provided: 1
 Tax Period Requested: December, 2003

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN): 316000769
 NORTHWEST LOCAL SCHOOL DIST.
 3240 BANNING ROAD
 CINCINNATI, OH 45011-0000

Employee:

Employee's Social Security Number:
 SHAWN R PRYOR
 9333 SWAYING PINE CO
 MIAMISBURG, OH 45342-0000

Submission Type: ORIGINAL SUBMISSION
 Wages, Tips and Other Compensation: \$28,679.00
 Federal Income Tax Withheld: \$2,665.00
 Social Security Wages: 0.00
 Social Security Tax Withheld: 0.00
 Medicare Wages and Tips: \$31,737.00
 Medicare Tax Withheld: \$460.00
 Social Security Tips: 0.00
 Allocated Tips: 0.00
 Advanced EIC Payment: 0.00
 Dependent Care Benefits: 0.00
 Deferred Compensation: 0.00
 Code "R" Employer's Contribution to MSA: 0.00
 Code "S" Employer's Contribution to Simple Account: 0.00
 Code "T" Expenses Incurred for Qualified Adoptions: 0.00
 Code "V" Income from exercise of non-statutory stock options: 0.00
 Third Party Sick Pay Indicator:
 Retirement Plan Indicator: Yes
 Statutory Employee: Not Statutory Employee

Form 1098-E Student Loan Interest Statement

Borrower:

Borrower's Social Security Number: 52-2195182
 STUDENT FINANCIAL ASSISTANCE
 DIRECT LOAN SERVICING CENTER
 P O BOX 4609
 UTICA, NY 13504-4609

Recipient:

Recipient's Federal Identification Number (FIN):
 PRYORSHAWN R
 APT D
 MIAMISBURG, OH 45342-0000

Submission Type: ORIGINAL SUBMISSION
 Account Number (Optional): N/A
 Student Loan Interest Received by Lender: \$2,395.00

1000160/1415
Form 1098-E Student Loan Interest Statement
Borrower:
Borrower's Social Security Number:39-1992489
UNIVERSITY ACCOUNTING SERVICE
P O BOX 932
BROOKFIELD, WI 53008-0000

Recipient:
Recipient's Federal Identification Number (FIN):
PRYOR SHAWN R
1101 YOUNG ST
MIDDLETOWN, OH 45044-0000

Submission Type:.....ORIGINAL SUBMISSION
Account Number (Optional):.....276767798
Student Loan Interest Received by Lender:.....\$30.00

Form 1099-G

Payer:
Payer's Federal Identification Number (FIN):31-6000140
CITY OF MIAMISBURG
10 NORTH FIRST STREET
MIAMISBURG, OH 45342-0000

Recipient:
Recipient's Identification Number:
PRYOR, SHAWN
9165 COUNTRY POND TR
MIAMISBURG, OH 45342-0000

Submission Type:.....ORIGINAL SUBMISSION
Account Number (Optional):.....26931-R1522
Tax Withheld:.....0.00
Taxable Grants:.....0.00
Unemployment Compensation:.....0.00
Agricultural Subsidies:.....0.00
Prior Year Refund:.....\$74.00
Year of Refund:.....2002
1099G Offset:.....Not Refund Credit, or Offset for Trade or Business

This Product Contains Sensitive Taxpayer Data

This Product Contains Sensitive Taxpayer Data

Request Date: 04-09-2007
Response Date: 04-09-2007
Employee Number: 88168
Tracking Number: 100014071115

Wage and Income Transcript

SSN Provided:
Tax Period Requested: December, 2004

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN): 316000769
NORTHWEST LOCAL SCHOOL DIST.
3240 BANNING ROAD
CINCINNATI, OH 45240-0000

Employee:
Employee's Social Security Number:
SHAWN R PRYOR
7807 JOHN ADAMS LN
DAYTON, OH 45459-0000

Submission Type: ORIGINAL SUBMISSION
Wages, Tips and Other Compensation: \$30,010.00
Federal Income Tax Withheld: \$2,836.00
Social Security Wages: 0.00
Social Security Tax Withheld: 0.00
Medicare Wages and Tips: \$33,395.00
Medicare Tax Withheld: \$484.00
Social Security Tips: 0.00
Allocated Tips: 0.00
Advanced EIC Payment: 0.00
Dependent Care Benefits: 0.00
Deferred Compensation: 0.00
Code "R" Employer's Contribution to MSA: 0.00
Code "S" Employer's Contribution to Simple Account: 0.00
Code "T" Expenses Incurred for Qualified Adoptions: 0.00
Code "V" Income from exercise of non-statutory stock options: 0.00
Third Party Sick Pay Indicator:
Retirement Plan Indicator: Yes
Statutory Employee: Not Statutory Employee

Form 1098-E Student Loan Interest Statement

Borrower:
Borrower's Social Security Number: 52-2195182
STUDENT FINANCIAL ASSISTANCE
DIRECT LOAN SERVICING CENTER
P O BOX 4609
UTICA, NY 13504-4609

Recipient:
Recipient's Federal Identification Number (FIN)
PRYORSHAWN R
7807 JOHN ADAMS LN
DAYTON, OH 45459-4012

Submission Type: ORIGINAL SUBMISSION
Account Number (Optional): N/A
Student Loan Interest Received by Lender: \$2,018.00

Borrower:

Borrower's Social Security Number: 84-0748903
HELNET LOAN SERVICES
6420 SOUTHPOINT PARKWAY
JACKSONVILLE, FL 32216-0000

Recipient:

Recipient's Federal Identification Number (FIN):
PRYOR, SHAWN R
7807 JOHN ADAMS LN
DAYTON, OH 45459-0000

Submission Type: ORIGINAL SUBMISSION
Account Number (Optional): 27676779802
Student Loan Interest Received by Lender: \$234.00

Form 1099-G

Payer:

Payer's Federal Identification Number (FIN): 31-1334822
STATE OF OHIO
DEPARTMENT OF TAXATION
PO BOX 2476
COLUMBUS, OH 43216-2476

Recipient:

Recipient's Identification Number:
PRYOR, SHAWN R
9333 SWAYING PINE CT APT D
MIAMISBURG, OH 45342-0000

Submission Type: ORIGINAL SUBMISSION
Account Number (Optional): 10-01-51-045930
Tax Withheld: 0.00
Taxable Grants: 0.00
Unemployment Compensation: 0.00
Agricultural Subsidies: 0.00
Prior Year Refund: \$255.00
Year of Refund: 2003
1099G Offset: Not Refund Credit, or Offset for Trade or Business

Form 1099-G

Payer:

Payer's Federal Identification Number (FIN): 31-6000140
CITY OF MIAMISBURG
10 NORTH FIRST STREET
MIAMISBURG, OH 45342-0000

Recipient:

Recipient's Identification Number:
PRYOR, SHAWN
9333 SWAYING PINE CT APT D
MIAMISBURG, OH 45342-0000

Submission Type: ORIGINAL SUBMISSION
Account Number (Optional): 26931-R4502
Tax Withheld: 0.00
Taxable Grants: 0.00
Unemployment Compensation: 0.00
Agricultural Subsidies: 0.00
Prior Year Refund: \$180.00
Year of Refund: 2003
1099G Offset: Not Refund Credit, or Offset for Trade or Business

100014071115

This Product Contains Sensitive Taxpayer Data

Request Date: 04-09-2007
 Response Date: 04-09-2007
 Employee Number: 881GB
 Tracking Number: 100014071115

Wage and Income Transcript

SSN Provided:
 Tax Period Requested: December, 2005

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN): 316000769
 NORTHWEST LOCAL SCHOOL DIST.
 3240 BANNING ROAD
 CINCINNATI, OH 45240-0000

Employee:

Employee's Social Security Number:
 SHAWN R PRYOR
 7807 JOHN ADAMS LN
 DAYTON, OH 45459-0000

Submission Type: ORIGINAL SUBMISSION
 Wages, Tips and Other Compensation: \$14,133.00
 Federal Income Tax Withheld: \$1,688.00
 Social Security Wages: 0.00
 Social Security Tax Withheld: 0.00
 Medicare Wages and Tips: \$15,712.00
 Medicare Tax Withheld: \$227.00
 Social Security Tips: 0.00
 Allocated Tips: 0.00
 Advanced EIC Payment: 0.00
 Dependent Care Benefits: 0.00
 Deferred Compensation: 0.00
 Code "Q" Nontaxable Combat Pay: 0.00
 Code "W" Employer Contributions to a Health Savings Account: 0.00
 Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan: 0.00
 Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan: 0.00
 Code "R" Employer's Contribution to HSA: 0.00
 Code "S" Employer's Contribution to Simple Account: 0.00
 Code "T" Expenses Incurred for Qualified Adoptions: 0.00
 Code "V" Income from exercise of non-statutory stock options: 0.00
 Third Party Sick Pay Indicator:
 Retirement Plan Indicator: Yes
 Statutory Employee: Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN): 521552720
 RWD TECHNOLOGIES INC
 5521 RESEARCH PARK D
 BALTIMORE, MD 21228-0000

Employee:

Employee's Social Security Number:
 SHAWN PRYOR
 7807 JOHN ADAMS LN
 DAYTON, OH 45459-0000

100014071115

Submission Type:.....ORIGINAL SUBMISSION
Wages, Tips and Other Compensation:.....\$21,217.00
Federal Income Tax Withheld:.....\$2,856.00
Social Security Wages:.....\$21,217.00
Social Security Tax Withheld:.....\$1,315.00
Medicare Wages and Tips:.....\$21,217.00
Medicare Tax Withheld:.....\$307.00
Social Security Tips:.....0.00
Allocated Tips:.....0.00
Advanced EIC Payment:.....0.00
Dependent Care Benefits:.....0.00
Deferred Compensation:.....0.00
Code "Q" Nontaxable Combat Pay:.....0.00
Code "W" Employer Contributions to a Health Savings Account:.....0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:.....0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:.....0.00
Code "R" Employer's Contribution to HSA:.....0.00
Code "S" Employer's Contribution to Simple Account:.....0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....0.00
Code "V" Income from exercise of non-statutory stock options:.....0.00
Third Party Sick Pay Indicator:.....
Retirement Plan Indicator:.....Yes
Statutory Employee:.....Not Statutory Employee

Form 1098-E Student Loan Interest Statement

Borrower:

Borrower's Social Security Number:84-0748903
NELNET LOAN SERVICES
6420 SOUTHPOINT PARKWAY
JACKSONVILLE, FL 32216-0000

Recipient:

Recipient's Federal Identification Number (FIN):
PRYOR, SHAWN R
7807 JOHN ADAMS LN
DAYTON, OH 45459-0000

Submission Type:.....ORIGINAL SUBMISSION
Account Number (Optional):.....27676779802
Student Loan Interest Received by Lender:.....\$2,163.00

Form 1099-G

Payer:

Payer's Federal Identification Number (FIN):31-1334822
STATE OF OHIO
DEPARTMENT OF TAXATION
PO BOX 2476
COLUMBUS, OH 43216-2476

Recipient:

Recipient's Identification Number:
PRYOR, SHAWN R
7807 JOHN ADAMS LN
DAYTON, OH 45459-0000

Submission Type:.....ORIGINAL SUBMISSION
Account Number (Optional):.....23.27.44.820845
ATAA Payments:.....0.00
Tax Withheld:.....0.00
Taxable Grants:.....0.00
Unemployment Compensation:.....0.00
Agricultural Subsidies:.....0.00
Prior Year Refund:.....\$247.00

100014071115

Year of Refund:.....2004
1099G Offset:.....Not Refund Credit, or Offset for Trade or Business

This Product Contains Sensitive Taxpayer Data



03503

Request Date: 04-06-2007
 Response Date: 04-06-2007
 IRS Employee Number: 88168
 Tracking Number: 100014071115

Tax Return Transcript

SSN Provided:
 Tax Period Ending: Dec. 31, 2003

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN:
 SPOUSE SSN:

NAME(S) SHOWN ON RETURN: SHAWN R PRYOR

ADDRESS: 9333 SWAYING PINE CT APT D
 MIAMISBURG, OH 45342-5837-766

FILING STATUS: Single
 FORM NUMBER: 1040
 CYCLE POSTED: 20040408
 RECEIVED DATE: Apr. 15, 2004
 REMITTANCE: 0.00
 EXEMPTION NUMBER: 1
 DEPENDENT 1 NAME CTRL:
 DEPENDENT 1 SSN:
 DEPENDENT 2 NAME CTRL:
 DEPENDENT 2 SSN:
 DEPENDENT 3 NAME CTRL:
 DEPENDENT 3 SSN:
 DEPENDENT 4 NAME CTRL:
 DEPENDENT 4 SSN:
 PREPARER SSN:
 PREPARER EIN: 34-1915840

Income

WAGES, SALARIES, TIPS, ETC: \$ 28,679.00
 TAXABLE INTEREST INCOME: SCH B: \$ 0.00
 TAX-EXEMPT INTEREST: \$ 0.00
 ORDINARY DIVIDEND INCOME: SCH B: \$ 0.00
 QUALIFIED DIVIDENDS: \$ 0.00
 REFUNDS OF STATE/LOCAL TAXES: \$ 0.00
 ALIMONY RECEIVED: \$ 0.00
 BUSINESS INCOME OR LOSS (Schedule C): \$ 0.00
 BUSINESS INCOME OR LOSS: SCH C PER COMPUTER: \$ 0.00
 CAPITAL GAIN OR LOSS: (Schedule D): \$ 0.00
 CAPITAL GAINS OR LOSS: SCH D PER COMPUTER: \$ 0.00
 CAP GAIN DISTRIB POST MAY 5: \$ 0.00
 OTHER GAINS OR LOSSES (Form 4797): \$ 0.00
 TOTAL IRA DISTRIBUTIONS: \$ 0.00
 TAXABLE IRA DISTRIBUTIONS: \$ 0.00
 TOTAL PENSIONS AND ANNUITIES: \$ 0.00
 TAXABLE PENSION/ANNUITY AMOUNT: \$ 0.00
 RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E): \$ 0.00
 RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER: \$ 0.00
 RENT/ROYALTY INCOME/LOSS PER COMPUTER: \$ 0.00
 ESTATE/TRUST INCOME/LOSS PER COMPUTER: \$ 0.00
 PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER: \$ 0.00
 FARM INCOME OR LOSS (Schedule F): \$ 0.00
 FARM INCOME OR LOSS (Schedule F) PER COMPUTER: \$ 0.00
 UNEMPLOYMENT COMPENSATION: \$ 0.00
 TOTAL SOCIAL SECURITY BENEFITS: \$ 0.00
 TAXABLE SOCIAL SECURITY BENEFITS: \$ 0.00
 TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER: \$ 0.00
 OTHER INCOME: \$ 0.00

100014071115
Case 1:07-cv-00463-SPT Document 141-5 Filed 12/12/2007 Page 56 of 64
ADDITIONAL FORM 8814 NET INCOME.....\$ 0.00
SCHEDULE EIC SE INCOME PER COMPUTER.....\$ 0.00
SCHEDULE EIC EARNED INCOME PER COMPUTER.....\$ 28,679.00
SCH EIC DISQUALIFIED INC COMPUTER.....\$ 0.00
TOTAL INCOME.....\$ 28,679.00
TOTAL INCOME PER COMPUTER.....\$ 28,679.00

Adjustments to Income

EDUCATOR EXPENSES.....\$ 0.00
EDUCATOR EXPENSES PER COMPUTER.....\$ 0.00
IRA DEDUCTION.....\$ 0.00
IRA DEDUCTION PER COMPUTER.....\$ 0.00
STUDENT LOAN INTEREST DEDUCTION.....\$ 2,396.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER.....\$ 2,396.00
TUITION AND FEES DEDUCTION.....\$ 0.00
TUITION AND FEES DEDUCTION PER COMPUTER.....\$ 0.00
MEDICAL SAVINGS ACCT DEDUCTION.....\$ 0.00
MEDICAL SAVINGS ACCT DEDUCTION PER COMPUTER.....\$ 0.00
MOVING EXPENSES: F3903.....\$ 0.00
SELF EMPLOYMENT TAX DEDUCTION.....\$ 0.00
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER.....\$ 0.00
SELF-EMP HEALTH INS DEDUCTION.....\$ 0.00
KEOGH/SEP CONTRIBUTION DEDUCTION.....\$ 0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY.....\$ 0.00
ALIMONY PAID SSN.....\$ 0.00
ALIMONY PAID.....\$ 0.00
OTHER ADJUSTMENTS.....\$ 0.00
TOTAL ADJUSTMENTS.....\$ 2,396.00
TOTAL ADJUSTMENTS PER COMPUTER.....\$ 2,396.00
ADJUSTED GROSS INCOME.....\$ 26,283.00
ADJUSTED GROSS INCOME PER COMPUTER.....\$ 26,283.00

Tax and Credits

65-OR-OVER.....0
BLIND.....0
SPOUSE 65-OR-OVER.....0
SPOUSE BLIND.....0
STANDARD DEDUCTION PER COMPUTER.....\$ 4,750.00
ADDITIONAL STANDARD DEDUCTION PER COMPUTER.....\$ 0.00
TAX TABLE INCOME PER COMPUTER.....\$ 21,533.00
EXEMPTION AMOUNT PER COMPUTER.....\$ 3,050.00
TAXABLE INCOME.....\$ 18,483.00
TAXABLE INCOME PER COMPUTER.....\$ 18,483.00
TOTAL POSITIVE INCOME PER COMPUTER.....\$ 28,679.00
TENTATIVE TAX.....\$ 2,421.00
TENTATIVE TAX PER COMPUTER.....\$ 2,421.00
FORM 8814 ADDITIONAL TAX AMOUNT.....\$ 0.00
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER.....\$ 0.00
FORM 6251 ALTERNATIVE MINIMUM TAX.....\$ 0.00
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER.....\$ 0.00
FOREIGN TAX CREDIT.....\$ 0.00
FOREIGN TAX CREDIT PER COMPUTER.....\$ 0.00
CHILD & DEPENDENT CARE CREDIT.....\$ 0.00
CHILD & DEPENDENT CARE CREDIT PER COMPUTER.....\$ 0.00
~~CREDIT FOR ELDERLY AND DISABLED.....\$ 0.00~~
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER.....\$ 0.00
EDUCATION CREDIT.....\$ 0.00
EDUCATION CREDIT PER COMPUTER.....\$ 0.00
GROSS EDUCATION CREDIT PER COMPUTER.....\$ 0.00
RETIREMENT SAVINGS CNTRB CREDIT.....\$ 0.00
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER.....\$ 0.00
CHILD TAX CREDIT.....\$ 0.00
CHILD TAX CREDIT PER COMPUTER.....\$ 0.00
ADOPTION CREDIT: F8839.....\$ 0.00
ADOPTION CREDIT PER COMPUTER.....\$ 0.00
FORM 8859 1ST TIME HOMEBUYERS.....\$ 0.00
IRC 1ST TIME HOMEBUYERS CREDIT PER COMPUTER.....\$ 0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT.....\$ 0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER.....\$ 0.00
F8396 AND F8859 CREDITS.....\$ 0.00

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FORM 3800 GENERAL BUSINESS CREDITS.....\$ 0.00
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER.....\$ 0.00
FORM 1040C CREDIT.....\$ 0.00
PRIOR YR MIN TAX CREDIT: F8801.....\$ 0.00
PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER.....\$ 0.00
TENTATIVE EMPOWERMENT ZONE CREDIT: F8844.....\$ 0.00
EMPOWERMENT ZONE CREDIT: F8844.....\$ 0.00
OTHER CREDITS.....\$ 0.00
TOTAL CREDITS.....\$ 0.00
TOTAL CREDITS PER COMPUTER.....\$ 0.00
INCOME TAX AFTER CREDITS PER COMPUTER.....\$ 2,421.00

Other Taxes

SE TAX.....\$ 0.00
SE TAX PER COMPUTER.....\$ 0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS.....\$ 0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER.....\$ 0.00
TAX ON QUALIFIED PLANS F5329 (PR).....\$ 0.00
COMBINED TX ON RETIREMENT PLANS PER COMPUTER.....\$ 0.00
IRAF TAX PER COMPUTER.....\$ 0.00
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER.....\$ 2,421.00
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER.....\$ 2,421.00
ADVANCED EARNED INCOME.....\$ 0.00
UNPAID FICA ON REPORTED TIPS.....\$ 0.00
FORM 4970 ACCUMULATED DISTRIBUTION OF TRUSTS.....\$ 0.00
RECAPTURE TAX: F8611.....\$ 0.00
HOUSEHOLD EMPLOYMENT TAXES.....\$ 0.00
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER.....\$ 0.00
RECAPTURE TAXES.....\$ 0.00
TOTAL ASSESSMENT PER COMPUTER.....\$ 2,421.00
TOTAL TAX LIABILITY TP FIGURES.....\$ 2,421.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER.....\$ 2,421.00

Payments

FEDERAL INCOME TAX WITHHELD.....\$ 2,666.00
ESTIMATED TAX PAYMENTS.....\$ 0.00
EARNED INCOME CREDIT.....\$ 0.00
EARNED INCOME CREDIT PER COMPUTER.....\$ 0.00
EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD.....\$ 0.00
TOT SS/MEDICARE WITHHELD: F8812.....\$ 0.00
FORM 8812 ADDITIONAL CHILD TAX CREDIT.....\$ 0.00
FORM 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER.....\$ 0.00
FORM 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED.....\$ 0.00
AMOUNT PAID WITH FORM 4868.....\$ 0.00
FORM 2439 REGULATED INVESTMENT COMPANY CREDIT.....\$ 0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS.....\$ 0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER.....\$ 0.00
HEALTH COVERAGE TX CR: F8885.....\$ 0.00
TOTAL PAYMENTS.....\$ 2,666.00
TOTAL PAYMENTS PER COMPUTER.....\$ 2,666.00

Refund or Amount Owed

REFUND AMOUNT.....\$ -245.00
APPLIED TO NEXT YEAR'S ESTIMATED TAX.....\$ 0.00
ESTIMATED TAX PENALTY.....\$ 0.00
TAX ON INCOME LESS STATE REFUND PER COMPUTER.....\$ 0.00
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER.....\$ -245.00
BAL DUE/OVER PYMT USING COMPUTER FIGURES.....\$ -245.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER.....
AUTHORIZATION INDICATOR.....1
THIRD PARTY DESIGNEE NAME.....
THIRD PARTY DESIGNEE PHONE NUMBER.....5139889609

This Product Contains Sensitive Taxpayer Data

100014071115

This Product Contains Sensitive Taxpayer Data

Request Date: 04-06-2007
 Response Date: 04-06-2007
 IRS Employee Number: 881GB
 Tracking Number: 100014071115

Tax Return Transcript

SSN Provided:
 Tax Period Ending: Dec. 31, 2004

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN:
 SPOUSE SSN:

NAME(S) SHOWN ON RETURN: SHAWN R PRYOR

ADDRESS: 7807 JOHN ADAMS LN
 DAYTON, OH 45459-4012-079

FILING STATUS:

FORM NUMBER:

CYCLE POSTED:

RECEIVED DATE:

REMITTANCE:

EXEMPTION NUMBER:

DEPENDENT 1 NAME CTRL:

DEPENDENT 1 SSN:

DEPENDENT 2 NAME CTRL:

DEPENDENT 2 SSN:

DEPENDENT 3 NAME CTRL:

DEPENDENT 3 SSN:

DEPENDENT 4 NAME CTRL:

DEPENDENT 4 SSN:

PREPARER SSN:

PREPARER EIN:

Single
 1040
 20052008
 Apr. 15, 2005
 0.00
 1

P00-42-5736
 34-1915840

Income

WAGES, SALARIES, TIPS, ETC:.....	\$ 30,011.00
TAXABLE INTEREST INCOME: SCH B:.....	\$ 0.00
TAX-EXEMPT INTEREST:.....	\$ 0.00
ORDINARY DIVIDEND INCOME: SCH B:.....	\$ 0.00
QUALIFIED DIVIDENDS:.....	\$ 0.00
REFUNDS OF STATE/LOCAL TAXES:.....	\$ 0.00
ALIMONY RECEIVED:.....	\$ 0.00
BUSINESS INCOME OR LOSS (Schedule C):.....	\$ 0.00
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:.....	\$ 0.00
CAPITAL GAIN OR LOSS: (Schedule D):.....	\$ 0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:.....	\$ 0.00
OTHER GAINS OR LOSSES (Form 4797):.....	\$ 0.00
TOTAL IRA DISTRIBUTIONS:.....	\$ 0.00
TAXABLE IRA DISTRIBUTIONS:.....	\$ 0.00
TOTAL PENSIONS AND ANNUITIES:.....	\$ 0.00
TAXABLE PENSION/ANNUITY AMOUNT:.....	\$ 0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):.....	\$ 0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:.....	\$ 0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER:.....	\$ 0.00
ESTATE/TRUST INCOME/LOSS PER COMPUTER:.....	\$ 0.00
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:.....	\$ 0.00
FARM INCOME OR LOSS (Schedule F):.....	\$ 0.00
FARM INCOME OR LOSS (Schedule F) PER COMPUTER:.....	\$ 0.00
UNEMPLOYMENT COMPENSATION:.....	\$ 0.00
TOTAL SOCIAL SECURITY BENEFITS:.....	\$ 0.00
TAXABLE SOCIAL SECURITY BENEFITS:.....	\$ 0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:.....	\$ 0.00
OTHER INCOME:.....	\$ 0.00
ADDITIONAL FORM 8814 NET INCOME:.....	\$ 0.00

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 SCHEDULE EIC SE INCOME PER COMPUTER:.....\$ 0.00
 SCHEDULE EIC EARNED INCOME PER COMPUTER:.....\$ 30,011.00
 SCH EIC DISQUALIFIED INC COMPUTER:.....\$ 0.00
 TOTAL INCOME:.....\$ 30,011.00
 TOTAL INCOME PER COMPUTER:.....\$ 30,011.00

Adjustments to Income

EDUCATOR EXPENSES:.....\$ 0.00
 EDUCATOR EXPENSES PER COMPUTER:.....\$ 0.00
 RESERVIST AND OTHER BUSINESS EXPENSE:.....\$ 0.00
 IRA DEDUCTION:.....\$ 0.00
 IRA DEDUCTION PER COMPUTER:.....\$ 0.00
 STUDENT LOAN INTEREST DEDUCTION:.....\$ 0.00
 STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:.....\$ 0.00
 TUITION AND FEES DEDUCTION:.....\$ 0.00
 TUITION AND FEES DEDUCTION PER COMPUTER:.....\$ 0.00
 HEALTH SAVINGS ACCT DEDUCTION:.....\$ 0.00
 HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:.....\$ 0.00
 MOVING EXPENSES: F3903:.....\$ 0.00
 SELF EMPLOYMENT TAX DEDUCTION:.....\$ 0.00
 SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:.....\$ 0.00
 SELF-EMP HEALTH INS DEDUCTION:.....\$ 0.00
 KEOGH/SEP CONTRIBUTION DEDUCTION:.....\$ 0.00
 EARLY WITHDRAWAL OF SAVINGS PENALTY:.....\$ 0.00
 ALIMONY PAID SSH:.....\$ 0.00
 ALIMONY PAID:.....\$ 0.00
 OTHER ADJUSTMENTS:.....\$ 0.00
 ARCHER HSA DEDUCTION:.....\$ 0.00
 ARCHER HSA DEDUCTION PER COMPUTER:.....\$ 0.00
 TOTAL ADJUSTMENTS:.....\$ 0.00
 TOTAL ADJUSTMENTS PER COMPUTER:.....\$ 0.00
 ADJUSTED GROSS INCOME:.....\$ 30,011.00
 ADJUSTED GROSS INCOME PER COMPUTER:.....\$ 30,011.00

Tax and Credits

65-QR-OVER:.....0
 BLIND:.....0
 SPOUSE 65-QR-OVER:.....0
 SPOUSE BLIND:.....0
 STANDARD DEDUCTION PER COMPUTER:.....\$ 4,850.00
 ADDITIONAL STANDARD DEDUCTION PER COMPUTER:.....\$ 0.00
 TAX TABLE INCOME PER COMPUTER:.....\$ 25,161.00
 EXEMPTION AMOUNT PER COMPUTER:.....\$ 3,100.00
 TAXABLE INCOME:.....\$ 22,061.00
 TAXABLE INCOME PER COMPUTER:.....\$ 22,061.00
 TOTAL POSITIVE INCOME PER COMPUTER:.....\$ 30,011.00
 TENTATIVE TAX:.....\$ 2,954.00
 TENTATIVE TAX PER COMPUTER:.....\$ 2,954.00
 FORM 8814 ADDITIONAL TAX AMOUNT:.....\$ 0.00
 TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:.....\$ 0.00
 FORM 6251 ALTERNATIVE MINIMUM TAX:.....\$ 0.00
 FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:.....\$ 0.00
 FOREIGN TAX CREDIT:.....\$ 0.00
 FOREIGN TAX CREDIT PER COMPUTER:.....\$ 0.00
 CHILD & DEPENDENT CARE CREDIT:.....\$ 0.00
 CHILD & DEPENDENT CARE CREDIT PER COMPUTER:.....\$ 0.00
 CREDIT FOR ELDERLY AND DISABLED:.....\$ 0.00
 CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:.....\$ 0.00
 EDUCATION CREDIT:.....\$ 0.00
 EDUCATION CREDIT PER COMPUTER:.....\$ 0.00
 GROSS EDUCATION CREDIT PER COMPUTER:.....\$ 0.00
 RETIREMENT SAVINGS CONTRB CREDIT:.....\$ 0.00
 RETIREMENT SAVINGS CONTRB CREDIT PER COMPUTER:.....\$ 0.00
 PRIM RET SAV CONTRB: F8880 LN6A:.....\$ 0.00
 SEC RET SAV CONTRB: F8880 LN6B:.....\$ 0.00
 CHILD TAX CREDIT:.....\$ 0.00
 CHILD TAX CREDIT PER COMPUTER:.....\$ 0.00
 ADOPTION CREDIT: F8839:.....\$ 0.00
 ADOPTION CREDIT PER COMPUTER:.....\$ 0.00
 FORM 8859 1ST TIME HOMEBUYERS:.....\$ 0.00

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DC 1ST TIME HOMEBUYERS CREDIT PER COMPUTER:.....\$ 0.00
 FORM 8396 MORTGAGE CERTIFICATE CREDIT:.....\$ 0.00
 FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:.....\$ 0.00
 F8396 AND F8859 CREDITS:.....\$ 0.00
 FORM 3800 GENERAL BUSINESS CREDITS:.....\$ 0.00
 FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:.....\$ 0.00
 FORM 1040C CREDIT:.....\$ 0.00
 PRIOR YR MIN TAX CREDIT: F8801:.....\$ 0.00
 PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:.....\$ 0.00
 TENTATIVE EMPOWERMENT ZONE CREDIT: F8844:.....\$ 0.00
 EMPOWERMENT ZONE CREDIT: F8844:.....\$ 0.00
 OTHER CREDITS:.....\$ 0.00
 TOTAL CREDITS:.....\$ 0.00
 TOTAL CREDITS PER COMPUTER:.....\$ 0.00
 INCOME TAX AFTER CREDITS PER COMPUTER:.....\$ 2,954.00

Other Taxes

SE TAX:.....\$ 0.00
 SE TAX PER COMPUTER:.....\$ 0.00
 SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:.....\$ 0.00
 SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:.....\$ 0.00
 TAX ON QUALIFIED PLANS F5329 (PR):.....\$ 0.00
 COMBINED TX ON RETIREMENT PLANS PER COMPUTER:.....\$ 0.00
 IRAF TAX PER COMPUTER:.....\$ 0.00
 TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:.....\$ 2,954.00
 IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:.....\$ 2,954.00
 ADVANCED EARNED INCOME:.....\$ 0.00
 UNPAID FICA ON REPORTED TIPS:.....\$ 0.00
 FORM 4970 ACCUMULATED DISTRIBUTION OF TRUSTS:.....\$ 0.00
 RECAPTURE TAX: F8611:.....\$ 0.00
 HOUSEHOLD EMPLOYMENT TAXES:.....\$ 0.00
 HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:.....\$ 0.00
 RECAPTURE TAXES:.....\$ 0.00
 TOTAL ASSESSMENT PER COMPUTER:.....\$ 2,954.00
 TOTAL TAX LIABILITY TP FIGURES:.....\$ 2,954.00
 TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....\$ 2,954.00

Payments

FEDERAL INCOME TAX WITHHELD:.....\$ 2,837.00
 ESTIMATED TAX PAYMENTS:.....\$ 0.00
 EARNED INCOME CREDIT:.....\$ 0.00
 EARNED INCOME CREDIT PER COMPUTER:.....\$ 0.00
 NONTAXABLE COMBAT PAY ELECTION:.....\$ 0.00
 FORM 8812 NONTAXABLE COMBAT PAY:.....\$ 0.00
 EXCESS SOCIAL SECURITY & RRYA TAX WITHHELD:.....\$ 0.00
 TOT SS/MEDICARE WITHHELD: F8812:.....\$ 0.00
 FORM 8812 ADDITIONAL CHILD TAX CREDIT:.....\$ 0.00
 FORM 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:.....\$ 0.00
 FORM 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:.....\$ 0.00
 AMOUNT PAID WITH FORM 4868:.....\$ 0.00
 FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:.....\$ 0.00
 FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:.....\$ 0.00
 FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:.....\$ 0.00
 HEALTH COVERAGE TX CR: F8885:.....\$ 0.00
 TOTAL PAYMENTS:.....\$ 2,837.00
 TOTAL PAYMENTS PER COMPUTER:.....\$ 2,837.00

Refund or Amount Owed

AMOUNT YOU OWE:.....\$ 117.00
 APPLIED TO NEXT YEAR'S ESTIMATED TAX:.....\$ 0.00
 ESTIMATED TAX PENALTY:.....\$ 0.00
 TAX ON INCOME LESS STATE REFUND PER COMPUTER:.....\$ 0.00
 BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....\$ 117.00
 BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....\$ 117.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....
 AUTHORIZATION INDICATOR:.....1

Request Date: 04-06-2007
Response Date: 04-06-2007
IRS Employee Number: 88168
Tracking Number: 100014071115

Tax Return Transcript

SSN Provided:
Tax Period Ending: Dec. 31, 2005

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN:
SPOUSE SSN:

NAME(S) SHOWN ON RETURN: SHAWN R PRYOR

ADDRESS: 7807 JOHN ADAMS LN
DAYTON, OH 45459-4012-079

FILING STATUS: Single
FORM NUMBER: 1040
CYCLE POSTED: 20060608
RECEIVED DATE: Apr.15, 2006
REMITTANCE: 0.00
EXEMPTION NUMBER: 1
DEPENDENT 1 NAME CTRL:
DEPENDENT 1 SSN:
DEPENDENT 2 NAME CTRL:
DEPENDENT 2 SSN:
DEPENDENT 3 NAME CTRL:
DEPENDENT 3 SSN:
DEPENDENT 4 NAME CTRL:
DEPENDENT 4 SSN:
PREPARER SSN: P00-42-5736
PREPARER EIN: 34-1915840

Income

WAGES, SALARIES, TIPS, ETC.: \$ 35,350.00
TAXABLE INTEREST INCOME: SCH B: \$ 0.00
TAX-EXEMPT INTEREST: \$ 0.00
ORDINARY DIVIDEND INCOME: SCH B: \$ 0.00
QUALIFIED DIVIDENDS: \$ 0.00
REFUNDS OF STATE/LOCAL TAXES: \$ 0.00
ALIMONY RECEIVED: \$ 0.00
BUSINESS INCOME OR LOSS (Schedule C): \$ 0.00
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER: \$ 0.00
CAPITAL GAIN OR LOSS: (Schedule D): \$ 0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER: \$ 0.00
OTHER GAINS OR LOSSES (Form 4797): \$ 0.00
TOTAL IRA DISTRIBUTIONS: \$ 0.00
TAXABLE IRA DISTRIBUTIONS: \$ 0.00
TOTAL PENSIONS AND ANNUITIES: \$ 0.00
TAXABLE PENSION/ANNUITY AMOUNT: \$ 0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E): \$ 0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER: \$ 0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER: \$ 0.00
ESTATE/TRUST INCOME/LOSS PER COMPUTER: \$ 0.00
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER: \$ 0.00
FARM INCOME OR LOSS (Schedule F): \$ 0.00
FARM INCOME OR LOSS (Schedule F) PER COMPUTER: \$ 0.00
UNEMPLOYMENT COMPENSATION: \$ 0.00
TOTAL SOCIAL SECURITY BENEFITS: \$ 0.00
TAXABLE SOCIAL SECURITY BENEFITS: \$ 0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER: \$ 0.00
OTHER INCOME: \$ 0.00
SCHEDULE ETC SE INCOME PER COMPUTER: \$ 0.00

100014071115
 SCHEDULE E-IC EARNED INCOME PER COMPUTER: \$ 35,350.00
 SCH E-IC DISQUALIFIED INC COMPUTER: \$ 0.00
 TOTAL INCOME: \$ 35,350.00
 TOTAL INCOME PER COMPUTER: \$ 35,350.00

Adjustments to Income

EDUCATOR EXPENSES: \$ 0.00
 EDUCATOR EXPENSES PER COMPUTER: \$ 0.00
 RESERVIST AND OTHER BUSINESS EXPENSE: \$ 0.00
 HEALTH SAVINGS ACCT DEDUCTION: \$ 0.00
 HEALTH SAVINGS ACCT DEDUCTION PER COMPT: \$ 0.00
 MOVING EXPENSES: F3903: \$ 0.00
 SELF EMPLOYMENT TAX DEDUCTION: \$ 0.00
 SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER: \$ 0.00
 KEOGH/SEP CONTRIBUTION DEDUCTION: \$ 0.00
 SELF-EMP HEALTH INS DEDUCTION: \$ 0.00
 EARLY WITHDRAWAL OF SAVINGS PENALTY: \$ 0.00
 ALIMONY PAID SSH: \$ 0.00
 ALIMONY PAID: \$ 0.00
 IRA DEDUCTION: \$ 0.00
 IRA DEDUCTION PER COMPUTER: \$ 0.00
 STUDENT LOAN INTEREST DEDUCTION: \$ 2,163.00
 STUDENT LOAN INTEREST DEDUCTION PER COMPUTER: \$ 2,163.00
 TUITION AND FEES DEDUCTION: \$ 0.00
 TUITION AND FEES DEDUCTION PER COMPUTER: \$ 0.00
 DOMESTIC PRODUCTION ACTIVITIES DEDUCTION: \$ 0.00
 OTHER ADJUSTMENTS: \$ 0.00
 ARCHER HSA DEDUCTION: \$ 0.00
 ARCHER HSA DEDUCTION PER COMPUTER: \$ 0.00
 TOTAL ADJUSTMENTS: \$ 2,163.00
 TOTAL ADJUSTMENTS PER COMPUTER: \$ 2,163.00
 ADJUSTED GROSS INCOME: \$ 33,187.00
 ADJUSTED GROSS INCOME PER COMPUTER: \$ 33,187.00

Tax and Credits

65-OR-OVER: 0
 BLIND: 0
 SPOUSE 65-OR-OVER: 0
 SPOUSE BLIND: 0
 STANDARD DEDUCTION PER COMPUTER: \$ 5,000.00
 ADDITIONAL STANDARD DEDUCTION PER COMPUTER: \$ 0.00
 TAX TABLE INCOME PER COMPUTER: \$ 28,187.00
 EXEMPTION AMOUNT PER COMPUTER: \$ 3,200.00
 TAXABLE INCOME: \$ 24,987.00
 TAXABLE INCOME PER COMPUTER: \$ 24,987.00
 TOTAL POSITIVE INCOME PER COMPUTER: \$ 35,350.00
 TENTATIVE TAX: \$ 3,381.00
 TENTATIVE TAX PER COMPUTER: \$ 3,381.00
 FORM 8814 ADDITIONAL TAX AMOUNT: \$ 0.00
 TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER: \$ 0.00
 FORM 6251 ALTERNATIVE MINIMUM TAX: \$ 0.00
 FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER: \$ 0.00
 FOREIGN TAX CREDIT: \$ 0.00
 FOREIGN TAX CREDIT PER COMPUTER: \$ 0.00
 CHILD & DEPENDENT CARE CREDIT: \$ 0.00
 CHILD & DEPENDENT CARE CREDIT PER COMPUTER: \$ 0.00
 CREDIT FOR ELDERLY AND DISABLED: \$ 0.00
 CREDIT FOR ELDERLY AND DISABLED PER COMPUTER: \$ 0.00
 EDUCATION CREDIT: \$ 0.00
 EDUCATION CREDIT PER COMPUTER: \$ 0.00
 GROSS EDUCATION CREDIT PER COMPUTER: \$ 0.00
 RETIREMENT SAVINGS CNTRB CREDIT: \$ 0.00
 RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER: \$ 0.00
 PRIM RET SAV CNTRB: F8880 LN6A: \$ 0.00
 SEC RET SAV CNTRB: F8880 LN6B: \$ 0.00
 TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR: \$ 0.00
 CHILD TAX CREDIT: \$ 0.00
 CHILD TAX CREDIT PER COMPUTER: \$ 0.00
 ADOPTION CREDIT: F8839: \$ 0.00
 ADOPTION CREDIT PER COMPUTER: \$ 0.00

100014071115
 DC 1ST TIME HOMEBUYERS CREDIT PER COMPUTER: \$ 0.00
 FORM 8396 MORTGAGE CERTIFICATE CREDIT: \$ 0.00
 FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER: \$ 0.00
 F8396 AND F8859 CREDITS: \$ 0.00
 FORM 3800 GENERAL BUSINESS CREDITS: \$ 0.00
 FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER: \$ 0.00
 FORM 1040C CREDIT: \$ 0.00
 PRIOR YR MIN TAX CREDIT: F8801: \$ 0.00
 PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER: \$ 0.00
 TENTATIVE EMPOWERMENT ZONE CREDIT: F8844: \$ 0.00
 EMPOWERMENT ZONE CREDIT: F8844: \$ 0.00
 OTHER CREDITS: \$ 0.00
 TOTAL CREDITS: \$ 0.00
 TOTAL CREDITS PER COMPUTER: \$ 0.00
 INCOME TAX AFTER CREDITS PER COMPUTER: \$ 3,381.00

Other Taxes

SE TAX: \$ 0.00
 SE TAX PER COMPUTER: \$ 0.00
 SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS: \$ 0.00
 SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: \$ 0.00
 TAX ON QUALIFIED PLANS F5329 (PR): \$ 0.00
 TAX ON QUALIFIED PLANS F5329 PER COMPUTER: \$ 0.00
 IRAF TAX PER COMPUTER: \$ 3,381.00
 TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER: \$ 3,381.00
 IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER: \$ 0.00
 ADVANCED EARNED INCOME: \$ 0.00
 UNPAID FICA ON REPORTED TIPS: \$ 0.00
 FORM 4970 ACCUMULATED DISTRIBUTION OF TRUSTS: \$ 0.00
 RECAPTURE TAX: F8611: \$ 0.00
 HOUSEHOLD EMPLOYMENT TAXES: \$ 0.00
 HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER: \$ 0.00
 RECAPTURE TAXES: \$ 3,381.00
 TOTAL ASSESSMENT PER COMPUTER: \$ 3,381.00
 TOTAL TAX LIABILITY TP FIGURES: \$ 3,381.00
 TOTAL TAX LIABILITY TP FIGURES PER COMPUTER: \$ 3,381.00

Payments

FEDERAL INCOME TAX WITHHELD: \$ 4,546.00
 ESTIMATED TAX PAYMENTS: \$ 0.00
 EARNED INCOME CREDIT: \$ 0.00
 EARNED INCOME CREDIT PER COMPUTER: \$ 0.00
 PRIOR YEAR EARNED INCOME: \$ 0.00
 FORM 8812 PRIOR YEAR EARNED INCOME CREDIT ELECT IND: \$ 0.00
 FORM 8812 PRIOR YEAR EARNED INCOME CREDIT: \$ 0.00
 NONTAXABLE COMBAT PAY ELECTION: \$ 0.00
 FORM 8812 NONTAXABLE COMBAT PAY: \$ 0.00
 EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD: \$ 0.00
 TOT SS/MEDICARE WITHHELD: F8812: \$ 0.00
 FORM 8812 ADDITIONAL CHILD TAX CREDIT: \$ 0.00
 FORM 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER: \$ 0.00
 FORM 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED: \$ 0.00
 AMOUNT PAID WITH FORM 4868: \$ 0.00
 FORM 2439 REGULATED INVESTMENT COMPANY CREDIT: \$ 0.00
 FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS: \$ 0.00
 FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER: \$ 0.00
 HEALTH COVERAGE TX CR: F8885: \$ 4,546.00
 TOTAL PAYMENTS: \$ 4,546.00
 TOTAL PAYMENTS PER COMPUTER: \$ 4,546.00

Refund or Amount Owed

REFUND AMOUNT: \$ -1,165.00
 APPLIED TO NEXT YEAR'S ESTIMATED TAX: \$ 0.00
 ESTIMATED TAX PENALTY: \$ 0.00
 TAX ON INCOME LESS STATE REFUND PER COMPUTER: \$ 0.00
 BAL DUE/OVER PYMT USING TP FIG PER COMPUTER: \$ -1,165.00
 BAL DUE/OVER PYMT USING COMPUTER FIGURES: \$ -1,165.00

THIRD PARTY DESIGNEE ID NUMBER:.....
AUTHORIZATION INDICATOR:.....1
THIRD PARTY DESIGNEE NAME:.....

This Product Contains Sensitive Taxpayer Data